Declaration for Premiums, SIP's due after the cutoff date for submission.

This is to	of premium on Insurance Poli	, unde	ertake to honour the paym	
Sr.No.	Name of policy/unit holder	Policy No/Folio No.	Expected Payment date	Amount
	remium receipts/Mutual fund and also attaching the previous	•		
listed Inve	equested to allow me benefit a estments, failing to submit the shall be reversed in the March	relevant docum	_	
Employee Employee				
Date:				

