DECLARATION FOR PREMIUMS FALLING DUE AFTER PROOF CUT OFF DATE

Date:

Location:

Emp Code:

Name:

l.No	Life Insurance Policy	Relationship	Policy No	Due Date	Amount
1					
2					
3					
4					
5					
6					
				Total	
GI NI	Dalla Maria III ad	- III - I Politi	B. P. N.	Total	
SI.No	Policy - Mutual Fund –	- other Policy	Policy No	Total Due Date	Amount
1	Policy - Mutual Fund –	- other Policy	Policy No		Amount
	Policy - Mutual Fund -	- other Policy	Policy No		Amount
1 2	Policy - Mutual Fund -	- other Policy	Policy No		Amount
1 2 3	Policy - Mutual Fund -	- other Policy	Policy No		Amount

Note: Benefit would be extended only on submission of this Form along with last year's premium paid receipt, for any premiums falling due after the proof cutoff date

Employee Declaration

I hereby declare that the information provided above is true and correct and will be solely responsible for any situation arising out of non-payment of the above premiums before 31st Mar 2018.