PREMIUM RECEIPT

Receipt No: _____

Date: _____

POLICY DETAILS

Policy Number: _____

Policy Type / Plan: _____

Policyholder Name: _____

Life Assured / Insured: _____

PAYMENT INFORMATION

Premium Period: _____

Payment Method: _____

Transaction / Chq No: _____

Bank Name: _____

DESCRIPTION	DUE DATE	AMOUNT

Gross Premium: _____

Tax / GST: _____

Discounts / Rebates:

Total Paid:

Notes:

1. This receipt is valid subject to the realization of the cheque/demand draft/online payment.
2. Please check all details on this receipt. Any discrepancies must be reported immediately.
3. Premium paid is eligible for tax benefits as per prevailing insurance laws.

Authorized Signatory