

Premium Payment Receipt Confirmation for Reinstatement

This document serves as a confirmation of premium payment received towards reinstatement of your insurance policy.

Date of Receipt: _____

Receipt No.: _____

Policyholder
Name: _____

Policy Number: _____

Payment
Amount: _____

Payment
Method: _____

Premium Period: _____

We acknowledge receipt of the above payment for the purpose of policy reinstatement. Reinstatement is subject to company approval as per terms and conditions.

Authorized Signatory