

Life Insurance Premium Payment Acknowledgment

Date: _____

POLICYHOLDER INFORMATION

Policyholder Name _____

Policy Number _____

Contact Number _____

Email Address _____

PAYMENT DETAILS

Amount Paid _____

Payment Mode _____

Date of Payment _____

Reference / Receipt No. _____

This is to acknowledge the receipt of the above premium payment towards the referenced life insurance policy. Kindly retain this document as proof of payment.

Policyholder's Signature

Authorized Signatory / Receiver