

Standard Life Insurance Premium Payment Voucher

Date: _____ Voucher No.: _____

Policyholder Name: _____ Policy Number: _____

Contact Number: _____ Payment Period: _____

Received From: _____

Address: _____

PAYMENT DETAILS

Premium Amount

Late Payment Fee

Other Charges

Total Amount

Amount in Words

PAYMENT MODE

Cash _____ Cheque / DD No. _____

Bank Name _____ Dated _____

UPI / Online Ref. No. _____

Receiver's Signature

Policyholder's Signature