

**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	