



orient insurance pjsc

DECLARATION FOR PREMIUM PAYMENT BY THIRD PARTY

Proposal /Policy No:

Payer Name
First Name Surname

Life Assured
First Name Surname

Premium Amount:

Type of Premium: Initial Renewal Both

Frequency: Monthly Quarterly Semi Annually Annual Single

Relation with the life Assured (please tick):

- Parent
- Spouse
- Grand Parent
- Brother/ Sister
- Assignee of policy
- Employer or Company for Key Man Insurance Policy

I am paying on behalf of the above-mentioned life assured due to the reason _____

I hereby declare that the above information given by me is true and correct. Request you to accept the remittance.

(Signature of payer)

(Signature of proposer/ life assured)

DATE:
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