Form No. 3184

Branch Office. .....

p. Sr/.Branch Manager



## भारतीय जीवन बीमा निगम Life Insurance Corporation of Judia Central Office, Mumbai

Date REGISTERED
Dear Sir,  Re: Proposal No
The above premium is inclusive of the Accident instalment premium.
If you have already remitted the premium of Rs mentioned in our letter of Acceptance, please remit to us the difference of Rs
The proof is returned herewith.
Yours faithfully, Encl :