To,

The Manager,

Apollo Munich Health Insurance Co. Ltd.,

2nd & 3rd Floor, iLABS Centre, Plot No. 404-405,

Udyog Vihar, Phase-III, Gurgaon-122016, Haryana

Sub: Declaration: Third Party Cheque

Dear Sir/Madam.

This is to inform you that I, _____

am paying the premium for Mr./Ms._____

for Insurance policy applied to your company under proposal form no. _____

I am aware that neither me nor the proposer is eligible for the section 80D benefit under Income Tax Act 1961 in lieu of the premium paid by me on his/ her behalf.

Request you to kindly accept the same and provide the insurance cover at the earliest.

Yours truly,

Signature of Payee: Signature of Proposer:

Name: _____   Name: _____

Relationship with Proposer:_____   Date: _____

Contact No._____

Date: _____

Place:_____   Place: _____

ID Proof (Self attested) _____   ID Proof (Self attested) _____

We would be happy to assist you. For any help, contact us via Email: customerservice@apollomunichinsurance.com or Toll Free No: 1800 102 0333

Apollo Munich Health Insurance Co. Ltd. • Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana • Corp. Off. 1st Floor, SCF-19, Sector-14, Gurgaon-122001, Haryana • Reg. Off. Apollo Hospitals Complex, 8-2-293/82/J III/DH/900, Jubilee Hills, Hyderabad-500033, Telangana • For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale • IRDAI Reg. No: 131 • CIN: U66030TG2006PLC051760