

**Postal Life Insurance and
Endowment Assurance**

GOVERNMENT OF BANGLADESH

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Issued to _____

Holder of Policy No. _____ dated _____ 20

Class _____ of Taka (_____) _____

Amount of monthly premium Tk. (_____) _____

Poisha _____ only.

Postal Life Insurance and
Endowment Assurance

Postal Life Insurance
Deputy Regional Manager

On behalf of the Director General of Bangladesh Post Office

Office of Payment	Date of Payment	Month for which Premium is paid	Amount of Premium paid		Particulars of * salary bill from which premium is deducted or, if paid in cash, signature of receiving post-master with impression of date-stamp.
			Taka	Paisha	

* Month for which the bill is drawn and in the case of an establishment bill, the name of the office or establishment by which it is prepared.

Account of Premia paid on Postal Life Insurance
Policy No.

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