

# Life Insurance Receipt for Premium Payment

Receipt No.

Date

**Received from**

Full Name of Policyholder

Policy Number

Contact Number

Period Covered (From)

To

Amount Paid

Payment Method

**Received By**

Company/Representative Name

Notes / Remarks

Signature of Receiver

Signature of Policyholder

This receipt is issued subject to realization of payment and is valid only upon clearance by the insurer.