



APOLLO LIFE
ASSURANCE • LIMITED

POLICY ACKNOWLEDGMENT RECEIPT

I/WE _____

ACKNOWLEDGE RECEIPT OF POLICY NO. (S) _____

ISSUED ON ____/____/____

I/WE HAVE UNDERSTOOD ALL THE CONDITIONS INCLUDING ANY ENDORSEMENT ON SAID POLICY WHICH WERE THOROUGHLY EXPLAINED TO ME/US BY YOUR AGENT AND DECLARE THAT ALL CONDITIONS ARE ACCEPTABLE TO ME/US AS THEY HAVE BEEN ISSUED IN ACCORDANCE WITH MY/OUR WISHES.

DATED THIS DAY OF 201..... AT

AGENT/COMPANY OFFICIAL

SIGNATURE OF ASSURED (S) POLICYHOLDER (S)

SPECIAL NOTICE

In an effort to have proper communication to you without undue delay, please confirm if your address is correctly shown on the letter. Write to reaffirm your address on this space provided and include the area code and any other details necessary for our effective communication.

FULL NAME: _____

PLACE OF WORK: _____

P O BOX: _____ CODE: _____

TOWN/CITY: _____

OTHERS: _____