# APGLI MISSING CREDITS PROFORMA

NAME OF THE EMPLOYEE & DESIGNATION :

POLICY NUMBER:

PRESENT PLACE OF WORKING:

| S.NO. | NAME OF THE MONTH AND YEAR POLICY AMOUNT MISSING | MONTLY SUBSCRIPTION DEDUCTED IN THE MONTH | TOTAL AMOUNT OF THE SCHEDULE | TRANSACTION ID NUMBER AND DATE | REMARKS |
|---|---|---|---|---|---|
| | | | | | |

SIGNATURE OF THE
HEAD OF THE OFFICER