

ACKNOWLEDGEMENT OF RECEIPT OF PAYMENT

Complete electronically or print and complete in ink

PAYEE DETAILS

Name of payee (I/We)

P.O. Box

Telephone number

Physical address / location

PAYMENT DETAILS

Payment method

Cheque / transaction reference number

☐ Cash

☐ Cheque

☐ Other

Amount in words (Uganda shillings)

Amount in figures (UGX)

Date payment was received (DD/MM/YYYY)

Payment received from Statewide Insurance Company Limited in respect of

ACKNOWLEDGEMENT

I/We acknowledge receipt of the payment described above from Statewide Insurance Company Limited.

Day

Month

Year

Signature and stamp of payee

Where a handwritten signature or official stamp is required, print the completed form before signing.