



**POLICY SCHEDULE FOR FIDELITY GUARANTEE (Unnamed(Floating)) INSURANCE**

**UIN NUMBER - IRDAN190P0105100001**

<b>Insured's Name</b>	M/S MILLENNIUM BOARDS PRIVATE LIMITED		
<b>Insured's Details</b>		<b>Issuing Office Details</b>	
<b>Customer ID:</b>	PO93755014	<b>Office Code</b>	AHMEDNAGAR D.O. 151800 (151800)
<b>Insured's Address:</b>	PLOT NO. B-16, MIDC TEMBHURNI, TAL. MHADA, DISTRICT SOLAPUR, 413211, SOLAPUR, MAHARASHTRA  TEMBHURNI (SOLAPUR) MAHARASHTRA, 413211	<b>Office Address:</b>	ABBOT BUILDING, 2ND FLOOR, NEAR ASHOKA HOTEL, KINGS ROAD, AHMEDNAGAR,414001
<b>Phone No</b>	XXXXXX8406	<b>Phone No</b>	02412321538 / 02412329761
<b>E-mail/Fax</b>	shubhangi@amazonwood.in,	<b>E-mail/Fax</b>	nia.151800@newindia.co.in
<b>PAN No</b>	AAHCM2916R	<b>S.Tax Regn. No</b>	AAACN4165CST178
<b>GSTIN/UIN</b>	<b>27AAHCM2916R1ZV / NA</b>	<b>GSTIN</b>	<b>27AAACN4165C3ZP</b>
		<b>SAC</b>	<b>997139 (Other non-life insurance services excl RI)</b>

**Policy Details**

<b>Policy Number</b>	15180046220900000007	<b>Business Source Code</b>	
<b>Period of Insurance</b>	From: 22/12/2022 04:25:14 PM To: 21/12/2023 11:59:59 PM	<b>Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User</b>	Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623),
<b>Date of Proposal</b>	22-Dec-22	<b>Agent/Bancassurance/Spe cified Person</b>	
<b>Prev. Policy no.</b>	14230046210900000012	<b>Phone No</b>	02402350377, 9850049400 / NA
<b>Client Type</b>	Corporate	<b>E-mail/Fax</b>	kailash@jainuineinsurance.co.in,

<b>Premium(₹)</b>	<b>GST(₹)</b>	<b>Total(₹)</b>	<b>Total:(₹ in words)</b>	<b>Receipt No. &amp; Date</b>
5000	900	5900	RUPEES FIVE THOUSAND NINE HUNDRED ONLY	15180081220000010403 - 30/12/22

**Details of the Insured covered under the policy:**

Sl. No.	No of Persons	Guarantee Limit per person	Total Guarantee Amount
1	2	1000000	1000000

Sl.No	Cadre
1	TWO UNNAMED EMPLOYEE(ACCOUNTANT&FINANCE)

<b>Excess</b>	<b>5000</b>
<b>Special Conditions</b>	<b>EXCESS-RS.5,000/- FOR EACH AND EVERY CLAIM. AOA:AOY =1:1. NO.OF.EMPLOYEE COVERED-2 S.I.-10,00,000/-</b>

**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		₹ 5000.00
SGST	9	450
CGST	9	450
IGST	0	0

The policy shall be subject to FIDELITY GUARANTEE INSURANCE policy clauses attached herewith.

In witness whereof the undersigned being duly authorized by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this



For and on behalf of  
The New India Assurance Company  
Limited

Date of Issue: 30/12/2022

Duly Constituted Attorney(s)

Mudrank \_\_\_\_\_ Dt. \_\_\_\_\_ consolidated Stamp Fees Paid by Pay Order Number \_\_\_\_\_ vide receipt  
number \_\_\_\_\_ dt. \_\_\_\_\_.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 15180022E0013474

<b>IRDA Registration Number: 190</b> <b>NIA PAN NUMBER: AAACN4165C</b>
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