



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

UIN NUMBER - IRDAN190P0105100001

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

Policy Details

Policy Number	15180046230900000009	Business Source Code	
Period of Insurance	From: 22/12/2023 12:00:01 AM To: 21/12/2024 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	Jainuine Insurance Brokers Pvt. Ltd. - (DA3388757) Jainuine Insurance Brokers Pvt.Ltd. - (SI00028623),
Date of Proposal	22-Dec-23	Agent/Bancassurance/Spe cified Person	
Prev. Policy no.	15180046220900000007	Phone No	02402350377, 9850049400 / NA
Client Type	Corporate	E-mail/Fax	kailash@jainuineinsurance.co.in,

Premium(₹)	GST(₹)	Total(₹)	Total:(₹ in words)	Receipt No. & Date
5,000	900	5,900	RUPEES FIVE THOUSAND NINE HUNDRED ONLY	15180081230000008484 - 28/12/23

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)

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

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 5,000
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: 28/12/2023

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 : 15180023E0012531

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
