

Insurance Premium Payment Confirmation

Date: [Date]

Policyholder Name: [Name]

Policy Number: [Policy Number]

Payment Reference Number: [Reference Number]

Dear [Policyholder Name],

We are writing to confirm the receipt of your insurance premium payment for the policy number mentioned above. The payment of [Amount] was received on [Payment Date].

Your policy is now active and will remain in force until [End Date].

If you have any questions or require further assistance, please do not hesitate to contact us.

Thank you for your prompt payment.

Sincerely,

[Your Company Name]

[Contact Information]