

Statement of Inability to Pay Premium Handling Fee

Date:

To Whom It May Concern,

I, , with identification number , hereby declare that I am unable to pay the premium handling fee required for the processing of my application/policy.

The reason for my inability to pay is as follows:

I respectfully request your consideration regarding my situation.

Thank you for your understanding.

Sincerely,

Signature:

Printed Name:

Contact Number: