

Mandate Form for Electronic Clearance System



Policy Number	[] []																				
MDID / EMP Number	[] [] [] [] [] [] [] [] [] [] [] []																				
Claim Number	[] [] [] [] [] [] [] [] [] [] [] []																				
Policy Holder Name	[] []																				
Telephone Number	[] [] [] [] [] [] [] [] [] [] [] []										Email ID	[] []									
Name of Account Holder	[] []																				
Name of Bank	[] []																				
Branch Name	[] []																				
Branch Address	[] []																				
Type of Account:	[] [] [] [] [] [] [] [] [] [] [] []																				
Account Number	[] [] [] [] [] [] [] [] [] [] [] []										Cancelled Cheque	Y	N								
MICR Code	[] [] [] [] [] []					IFSC Code	[] []														

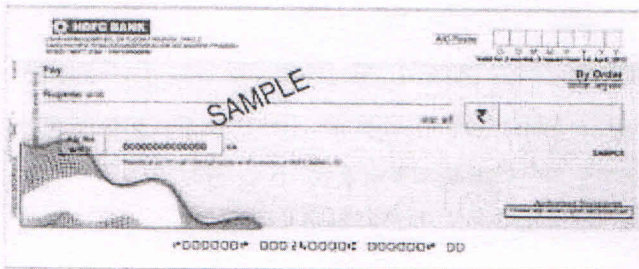
Declaration:-

1. I hereby declare that the information furnished in this ECS Form is true & correct to the best of my knowledge & belief. If I have made any false or untrue statement, suppression or concealment of any material fact, my right to claim reimbursement shall be forfeited.
2. I agree that I shall not hold TPA/Insurance Company responsible for delay or non-receipt of the payment for any reason whatsoever after issue of the instructions for payment by Insurer/TPA based on the above.
3. As per the revised RBI guidelines, Canceled cheque should have pre-printed name of account holder.

Date: _____
 Place: _____ Signature of the Policy Holder

-----SAMPLE CHEQUE FORMAT -----

Note: Claims Number / Policy number / MDID number to be mentioned on cancel cheque and Please enclose the cancelled cheque of your bank account for our record; your banker should be a participant of NEFT/RTGS Facility.



Claim No - MDI0XXXXXX
 OR
 MDID No - MDI5-0000XXXXX
 OR
 Policy No - XXXXXX/XX/XX/XXXXX