

# 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.

