

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) MANDATE FORM

CLAIM NO / POLICY NO: _____

1. Name of the Account Holder (As per Bank Account)

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2. Bank Name:

.....

3. Full Bank Account Number:

.....

(16-digit account number)

4. IFSC Code:

.....

(The code mentioned on the Cheque or a letter from your banker providing the above information)

5. Bank Address:

.....

(Complete Address of the bank along with the Pin code)

6. Mobile No.:

.....

7. E-mail ID:

.....

8. Photocopy of Front page of pass book. (Of the concerned Proposer)

(Insured / Proposer Signature)

Note:

1. Please attach a cancelled cheque of your Bank to validate the above-mentioned details (Mandatory).

2.If the cheque do not have IFSC Code and A/c No. printed on it, then kindly get this form attested by the Bank Branch Manager.