Mandate Form for Electronic Transfer of Claim / Refund Payments

To **Bajaj Allianz General Insurance Company Ltd**	

Full Name: Shri / Smt / Kum / M/s _____

(As appears in your bank account)

Full Address: _____

_____ PIN Code: _____

Contact / Mobile No: _____ Email ID: _____

Bank Name:																
Branch Name & Address:																
Branch IFS Code for NEFT																
Name of the Account Holder : (As per Bank Account)																
Account Type		Savings				Current					Cash Credit					
Account No. (as appearing in the cheque book)																

I/we have read the declarations / conditions mentioned below.

MANDATORY REQUIREMENT

Preprinted copy of cheque with cancelled remark having –Account holder name / Account no / IFS code.
If Name, Account no or IFS Code of the payee is not printed on the cheque leaf, please attached copy of first page of the bank pass book.

(Beneficiary's Signature)_____ | D | D | M | M | Y | Y |

DECLARATION

- I / We hereby declare that the particulars given above are correct and complete and no blanks have been left. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information I / we would not hold Bajaj Allianz General Insurance Company Limited responsible.
- I / We further undertake to refund, at any time, any excess amount whether demanded by Bajaj Allianz General Insurance Company Limited or not, which has been credited to my account [due to any reason] by Bajaj Allianz General Insurance Company Limited.
- I / We further undertake to inform Bajaj Allianz General Insurance Company Limited with an advance
  notice of 6 weeks in case of any changes in the particulars of Bank / Mandate
- After Bajaj Allianz General Insurance Company Limited issuing the Payment instruction electronically through its banker, for whatever reasons, if I/we do not get the credit to my/our account, then same shall neither constitute the default in payment of amount due to me/us, or by Bajaj Allianz General Insurance Company Limited nor constitute default of any terms and conditions of any agreement with me/us.

I have verified the documents attached with the mandate and confirm that these documents correctly belong to the Partner ID

Name of Partner ID _____

Employee Code_____ **Employee Name:** _____ **Designation**_____

Place _____ **Date**_____ **Signature** _____