

**Mandate Form for Electronic Transfer of Claim Payments**

To <b>Bajaj Allianz General Insurance Company Ltd</b>	Office Code & Name : i-track Number :
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Partner ID (To be filled by Office):

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Full Name:

Shri / Smt / Kum / M/s PRATJWAL TAWRI  
(As appears in your bank account)

Full Address:

GANIPARA SATI CHOURA, DURGA,  
CHATTISGARH PIN Code: 491001

Contact / Mobile No:

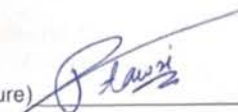
Email ID: ptawri@deloitte.com

Bank Name:	<u>BANK OF BARODA</u>
Branch Name & Address:	<u>GANIPARA, CG, GANIPARA DURGA BRANCH, BUS STAND</u> <u>PULGAON ROAD</u>
Branch Tel No & Contact No:	<u>1800 22 33 44</u>
Branch IFSC Code for NEFT	<u>B A R B 0 6 A N J P A</u>
Branch MICR Code	<u>4 9 1 0 1 2 0 0 5</u>
Name of the Account Holder : (As per Bank Account)	<u>PRATJWAL TAWRI</u>
Account Type	Savings <input checked="" type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/>
Account No. (as appearing in the cheque book)	<u>5 9 1 8 0 1 0 0 0 0 0 6 5 7</u>

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

Place: DURGA

Date: 05/02/2015 (Beneficiary's Signature)



**MANDATORY REQUIREMENT**

**PLEASE ATTACH HERE**

Cancelled blank Cheque of your bank for ensuring accuracy of name of the bank, branch name, Account number and IFSC code. If NAME OR IFSC code of the payee is not printed on the cheque leaf, please attach copy of the first page of the bank passbook also.

I have verified the documents attached with the mandate and confirm that these documents correctly belong to the Partner ID & Partner Name mentioned in the mandate. (To be verified by superior)

Employee Code 5066A77 Employee Name: PRATJWAL TAWRI Designation \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_