

Mandate Form for Electronic Transfer of Claim Payments

To Bajaj Allianz General Insurance Company Ltd	Office Code & Name : I-track Number :
---	--

Partner ID (*To be filled by Office*):

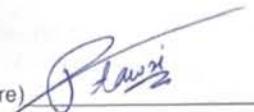
Full Name: Shri / Smt / Kum / M/s PRAJJWAL TAWRI
(As appears in your bank account)

Full Address: GANJPARA SATIGHOURA, DURG,
CHATTISGARH PIN Code: 491001

Contact / Mobile No: _____ Email ID: ptawri@deloitte.com

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

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

Place: DURG Date: 05/02/2025 (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: PRAJJWAL TAWRI Designation: _____

Place _____ Date _____ Signature _____