

### EFT Mandate Form

<b>Payee Details</b>	Name	
	PAN	
	Email id	
<b>Payee's Bank Account</b>	Account Number	
	Type of Account	Saving/Current
	IFSC Code	
	Name of the Bank	
	Branch	
	Address	
	City and Pin Code	

A copy of a cancelled cheque of this account is attached in confirmation and for your records.

On receipt of this payment in my/our below mentioned bank account I / we agree to accept it as full and final satisfaction of my / our abovementioned claim and hold insurer discharged of their liability towards the claim under the policy. I/We hereby declare that the particulars given above by me/us are correct and complete.

Signature of the payee/insured