

FLAT NO. 10, 6B BISHOP LEFROY ROAD, PAUL MANSION, KOLKATA - 700020

MANDATORY BANK DETAILS OF THE PROPOSER FOR EFT

MEMEBRSHIP NO :

PATIENT NAME :

CLAIM NO :

POLICY NO :

1. NAME OF THE PROPOSER :

(IN BLOCK LETTERS)

2. MOBILE NO / CONTACT :

DETAILS

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3. EMAIL ADDRESS :

4. NAME OF THE BANK :

5. ADDRESS OF THE BANK :

6. BANK A/C NO :

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7. ACCOUNT NUMBER :

IN WORDS

8. TYPE OF ACCOUNT :

SAVINGS

CURRENT

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9. IFSC CODE :

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10. IFSC CODE IN WORDS :

11. MICR CODE :

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12. CANCELLED CHEQUE NO. :

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MANDATORY REQUIREMENT:

*** PLEASE ATTACH A ORIGINAL CANCELLED CHEQUE.

NOTE:

1. ORIGINAL PERSONALISED CANCELLED CHEQUE IS MANDATORY.
2. IF PERSONALISED CHEQUE IS NOT AVAILABLE, ATTACH UPDATED BANK STATEMENT/COPY OF PASS BOOK (FRONT PAGE & LAST PAGE).
3. IF EFT DETAILS ARE NOT PROVIDED, PLEASE STATE REASON THEREOF.

DECLARATION:

I do hereby declare that the details stated above is true to the best of my knowledge and belief.

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Signature of Proposer