MEDICARE TPA SERVICES (I) PVT LTD.

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** :
3. **E-MAIL ADDRESS** :
4. **NAME OF THE BANK** :
5. **ADDRESS OF THE BANK** :
6. **BANK A/C NO** :
7. **ACCOUNT NUMBER IN WORDS** :
8. **TYPE OF ACCOUNT** : **SAVINGS** ☐ **CURRENT** ☐
9. **IFSC CODE** :
10. **IFSC CODE IN WORDS** :
11. **MICR CODE** :
12. **CANCELLED CHEQUE NO.** :

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.

Signature of Proposer