



## NEFT Format

To  
Medsave Healthcare (TPA) Limited  
F-701A, Lado Sarai, Mehrauli,  
New Delhi

Sirs,

I / We furnish below details of my /our bank account to be used for effecting payments due to us by NEFT / RTGS:

Registration for NEFT / RTGS Payments	
<b>Name</b>	
<b>Category</b> (Please select one)	Policyholder / Intermediary / Surveyor / Advocate / Investigator / Panel Doctor / Dealer / Landlord / Vendor
<b>Policy Number</b> (Policyholders only)	
<b>Claim number</b> , if any, provided (Policyholders only)	
<b>Agency / Broker Code</b> (for Agents / Brokers / Corporate Agents / Bancassurance only)	
<b>Permanent Address</b>	
<b>Address for Communication</b>	

BANK ACCOUNT DETAILS FOR NEFT / RTGS PAYMENTS									
IFSC Code *									
Bank Name									
Bank Branch Name									
Bank Branch Address									
MICR Code (9 Digit number)									
Full Bank Account No. (for NEFT) *									

*\* Please attach a copy of a cancelled cheque leaf. Verify the details with your bank before submitting.*

I wish to receive <b>alerts</b> from the Company on processing of payments to my account through SMS and / or Email	
Mobile Phone No. (for SMS alert)	
Email ID (for mail notification) (please write in BLOCK letters)	

I/We hereby declare that the particulars given above are correct and express my/our willingness to receive credit of payments through the mode indicated above. Notwithstanding my/our choice of mode Medsave Healthcare (TPA) Ltd reserves the right to issue a cheque / credit the account in the mode that they may deem fit. I/We would not hold Medsave Healthcare (TPA) Ltd responsible, if the transaction is delayed or not effected at all or credited to an incorrect account for reasons of incomplete /incorrect information.

Signature of Applicant

Place:  
Date

**For Office Use:**

Reference No:

Bank Details verified by:

Details captured in System on:

Details captured in System verified

And found correct:

**Signature of Officer  
Name & Designation**

Date: