



NEFT Format

To
Medsave Health Insurance TPA Ltd.
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	
Name	
Category (Please select one)	Policyholder / Intermediary / Surveyor / Advocate / Investigator / Panel Doctor / Dealer / Landlord / Vendor
Policy Number (Policyholders only)	
Claim number , if any, provided (Policyholders only)	
Agency / Broker Code (for Agents / Brokers / Corporate Agents / Bancassurance only)	
Permanent Address	
Address for Communication	

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 alerts 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: