

# Nationalised Electronic Funds Transfer Mandate Form

(To be filled in by the Proposer/Policy holder in BLOCK LETTER)

To,  
**Apollo Munich Health Insurance Co Ltd.**  
**2nd & 3rd Floor, iLABS Centre, Plot No. 404-405,**  
**Udyog Vihar, Phase-III, Gurgaon-122016, Haryana**

Dear Sir, I \_\_\_\_\_, am the Proposer/Policy holder of Apollo Munich Health Insurance Company Limited having Application number / Policy number

Please fill in the Application number / Policy number 

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(In case of multiple Applications/Policies please provide the details separately.)

**Mandatory details required to process all payment due in relation to your policy including refunds (if any) and / or claims directly to your bank account**

**Please select any one of the below options**

• **I hereby declare that below bank details are correct and should be used to process all payment due in relation to my insurance policy:**

- Bank account details as provided below and for which I am submitting a cancelled cheque, should be used by the Company for electronic fund transfer as mode of payment. (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

**Particulars of Bank Account:**

Name as in Bank Account:																			
Bank Name:																			
Bank Branch:										Bank Account Number:									
MICR No. :										IFSC Code:									

I agree and undertake to intimate in writing to Apollo Munich about any change in bank account details.

- Bank account details as mentioned on the cheque\* being submitted along with the Proposal Form towards premium payment for insurance Policy should be used by the Company for electronic fund transfer as mode of payment.
- I do not have any existing bank account. I agree to open a bank account and provide my bank account details to the Company for electronic fund transfer as mode of payment. I shall provide these details before renewal of my insurance policy or before any payment becomes due in relation to my insurance policy (whichever is earlier). I understand that as per regulatory requirement, Company shall process any payment in relation to my insurance policy only through electronic fund transfer after receipt of aforesaid pending bank details from me.

I hereby certify that the particulars furnished above are correct to the best of my knowledge.

Proposer/Policy holder's Signature

Date : 

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**DISCLAIMER:** Apollo Munich Health Insurance Company Ltd. shall not be responsible/liable to anybody, in any manner, whatsoever for non credit/ delayed credit of any payment due in relation to insurance policy into above bank account of Proposer/Policy holder and any other consequential loss directly/indirectly, for whatsoever reasons thereof including but not limited to incomplete/incorrect information by Proposer/Policy Holder.

**Instructions:**

- It is important for these electronic payment systems that the Policy Holders name in the Policy must exactly match with the name in the Bank Account records/ details given above.
- In cases where beneficiary's bank account number & name is printed on the cheque, bank attestation is not required. For all other cases bank attested NEFT mandate is required.
- The customer who is willing to transfer the funds will be required to provide the 11 digits valid IFS Code, which is applicable for NEFT only. (a number allotted to each participating banks branch) of the branch where the funds need to be transferred.
- Cancelled cheque should be attached along with the NEFT format.
- In case cancelled blank cheque does not bear account holder's name, please provide photocopy of bank statement / passbook with latest entries updated or else Bank attestation is required
- NEFT Form needs to be complete in all respect.

\* in case the premium payment cheque does not have all the details required for electronic fund transfer, please fill the above table

We would be happy to assist you. For any help contact us at: E-mail : customerservice@apollomunichinsurance.com Toll Free : 1800-102-0333