



# Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments)  
Regd. Office : Unit No. 401, 4<sup>th</sup> Floor, Sangam Complex, 127 Andheri Kurla Road, Andheri (East), Mumbai-400059

## **Bank Account Mandate for Direct Credit**

**(This form to be used for one time Customer payment only)**

**For legibility, please use BLOCK LETTERS in blank ink.**

**Universal Sampo Location:** \_\_\_\_\_ **Claim no:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Beneficiary Details (TO BE FILLED IN - BLOCK LETTERS ONLY) all fields are mandatory**

**Beneficiary Name :** \_\_\_\_\_  
(Should be same as in Bank) First Name Middle Name Last Name

**Address :** \_\_\_\_\_  
(As per the policy) \_\_\_\_\_

**City :** \_\_\_\_\_ **Pin Code:** \_\_\_\_\_

**PAN No :** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ DD MM YYYY

**Service Tax Reg No:** \_\_\_\_\_ **E Mail:** \_\_\_\_\_

**Phone No.(with STD code):** \_\_\_\_\_ **Mobile Number :** \_\_\_\_\_

### **Bank Account Details (TO BE FILLED IN - BLOCK LETTERS ONLY) all fields are mandatory as per bank records**

**Bank Account Number :** \_\_\_\_\_ **Account Type:** \_\_\_\_\_ (Savings /Current/Other etc)

**Name of the Bank :** \_\_\_\_\_

**Bank Branch Name :** \_\_\_\_\_ **Bank Branch Code:** \_\_\_\_\_

**IFSC Code :** \_\_\_\_\_ **MICR Code:** \_\_\_\_\_

(The above details are available on the face of the cheque **as per CTS-2010/06.2013**. If not, please speak to your branch and get the details / submit the copy of bank pass book where all the above details are available)

**\* I/we DO NOT wish to receive direct credits, but wish to receive payment by cheque. (Please ✓) ☐**

#### **I hereby understand and confirm that:**

- 1) The details given above are true and I have no objection for directly credits in the bank account mentioned above.
- 2) If the electronic credit is not effected, delayed or credited to a wrong account on account of incorrect or incomplete information provided, USGIC shall not be held liable now or in future for such losses.
- 3) In the event the credit is not effected by your Banker for any reason, USGIC reserves the right to make the payment through cheque. USGIC shall not make any payout either partially or wholly in the form of cash.
- 4) Enclosed copy of PAN OR certificate of Service Tax registration (if applicable for institutions).
- 5) Enclosed cancelled cheque as per CTS-2010 of the bank account mentioned above.
- 6) If wise to receive payments by cheque instead of direct credit, have appropriately ticked the check –box provided for this purpose.

**Place:** \_\_\_\_\_

**Date:** DDMMYYYY

Signature of Customer

#### **Documents to be attached:**

- Self attested copy of PAN Card **OR** Service Tax Regn certificate (if applicable for Institutions)
- Original cancelled Cheque (CTS- 2010) duly signed by insured

**Verified by Company :** YES / NO

**Signature of Verifying Person:** \_\_\_\_\_

Inward stamp  
with date

**Date:** DDMMYYYY