Nationalised Electronic Funds Transfer
Mandate Form

ApolloMunich HEALTH INSURANCE

(To be filled in by the Applicant in BLOCK LETTER)

To,
Apollo Munich Health Insurance Co Ltd.
10th Floor, Building No-10 Tower B,
D.L.F Cyber City Phase-2,
Gurgaon-122002

Dear Sir, I _____, am the proposer/ policy holder of Apollo Munich Health Insurance Co Limited having Application number / Policy number

(Please fill in the Application number / Policy number in the box. In case of multiple Applications / Policies please provide the details separately.)

I hereby request you to transfer the Premium / Pre-Policy Check Refund amount directly into my account with following bank details:

Particulars of Bank Account:

A/C Holder's Name :_____

Type of Bank Account: (Choose (√) any one) Savings A/C ☐ Current A/C ☐ Cash ☐ Credit ☐ Others _____

Bank Name: _____

Branch Address: _____

MICR code : 9 digits MICR code number of the bank and branch appearing on the cheque issued by the bank. If it starts from "000", please obtain correct code from your Bank Branch. (Valid for MICR enable of Branch)

IFSC code (Indian Financial System code: 11 digit unique alphanumeric code designed to uniquely identify the bank branches in India. (Please provide Bank attestation in case IFSC code is not mentioned on the cancelled cheque)

Account Number: (As appearing on the cheque book)

Mobile Number : _____ E-Mail : _____

☐ Yes, I have attached a cancelled blank cheque.

(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).

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

Policyholder's/ Proposer Signature ☑

Date : D D M M Y Y

DISCLAIMER: Apollo Munich Health Insurance Company Ltd. shall not be responsible/liable to anybody, in any manner, whatsoever for non credit/ delayed credit of the Premium / Pre-Policy Check Refund amount into my above bank account and any other consequential loss directly/indirectly, for whatsoever reasons thereof including but not limited to incomplete/incorrect information by Customer/Policy Holder . Further Apollo Munich Health Insurance Company Ltd. reserves the right to use any alternative payout option including but not limited to demand draft/ cheque even in case customer has opted for Direct Credit option.

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.
- NEFT Form needs to be complete in all respect.