



**Electronic Funds Transfer- Mandate form**

I \_\_\_\_\_ is a Nominee/Policyholder in Policy Number \_\_\_\_\_ (Nominee Name) in the Name of \_\_\_\_\_ hereby request Max Life Insurance Co. Limited to make Claim payments directly to my bank account as per detail given below.

Account Holder Name: \_\_\_\_\_

Type of Bank Account: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Branch Address : \_\_\_\_\_

\_\_\_\_\_

MICR code : \_\_\_\_\_

IFSC code (Indian Financial Security code): \_\_\_\_\_

**Declaration–**

I agree to save and hold Max New Life Insurance Company Limited harmless and indemnified against any and/or all losses, claims, liabilities, legal proceedings (including attorney fees'), expenses, or damages suffered by or taken against Max Life Insurance Company Limited arising on account of any error or misrepresentation in the information furnished in this EFT mandate by me.

Date:-

Nominees Signatures: \_\_\_\_\_

**Bank Verification –**

I, the undersigned authorized person, on behalf of the above mentioned bank, confirm that the bank account details of the individual as mentioned in this EFT Mandate form are correct and are hereby verified.

Name of Bank: \_\_\_\_\_

Bank verification Stamp with branch address and Signature of the Banker \_\_\_\_\_

Name of the Signing authority \_\_\_\_\_

**Please attach a copy of cancelled cheque bearing the above mentioned account number along with this form.**