

**Nationalized Electronic Funds Transfer**

Care Health Insurance Limited  
Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road,  
Sector-43, Gurugram-122009 (Haryana)

Policy/Proposal Number \_\_\_\_\_ (to be filled by Proposer/Insured only)  
Intermediary Code \_\_\_\_\_ (to be filled by Intermediary only)

I \_\_\_\_\_ in the capacity of (Please tick one)  
 Proposer     Insured     Claimant     Hospital     Agent     Broker

request you to transfer the payment(s) directly to my Bank account, details of which are mentioned below:

**Particulars of Bank Account**

Account Holder's Name:

Bank :

Account Number :   
(Please mention the complete account number as appearing on the cheque book)

Type of Account :  Savings Account     Current Account    Others (Please specify) : \_\_\_\_\_

Branch Address :

MICR Code :   
9 - Digit MICR code number of the bank and branch (Appearing on the MICR cheques issued by the bank)

IFSC Code :   
(Please refer your cheque book or your bank branch for IFCI code details)

I have enclosed a photocopy of the cancelled cheque or cancelled blank cheque.  
(In case the attached cheque copy does not bear the account holder's name, please provide photocopy of Bank statement or else Bank attestation is required)

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold Care Health Insurance Limited responsible. Further, Care Health Insurance Limited reserves the right to use any alternative payout option(s) including Cheque/Demand draft inspite of opting for NEFT option.

Date :  /  /  Signature of the Applicant : \_\_\_\_\_

**Bank Attestation (If required)**

We certify that the above mentioned account details are correct as per our records.

Date :  /  /  Sign & stamp of Bank Official : \_\_\_\_\_