

## ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) MANDATE FORM

For Claim under Policy No \_\_\_\_\_

1. (A) CARDHOLDER'S NAME

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(B) ADDRESS


(C) TELEPHONE / MOBILE No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(D) E-MAIL ID:

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2. TTK ID No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. PARTICULARS OF BANK ACCOUNT

A. BANK NAME

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B. BRANCH NAME

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C. ADDRESS


D. 9 DIGIT CODE NUMBER OF THE BANK & BRANCH APPEARING ON THE MICR CHEQUE ISSUED BY THE BANK

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E. ACCOUNT TYPE (SAVINGS ACCOUNT/ CURRENT ACCOUNT)

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F. ACCOUNT NUMBER (AS APPEARING ON THE CHEQUE BOOK)

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G. BANK ACCOUNT HOLDER NAME

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4. DATE OF EFFECT:

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INFORMATION FOR PAYMENT THROUGH RTGS OR NEFT

5. IFSC CODE (INDIAN FINANCIAL SYSTEM CODE)

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6. NEFT CODE (NATIONAL ELECTRONIC FUNDS TRANSFER CODE)

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By submission of the above, I authorise M/s TTK Healthcare TPA Pvt Ltd / the Insurance Company to settle the claim under reference through direct payment by ECS. I hereby declare & confirm that the particulars given above are correct and complete. I agree that I shall not hold the TPA/ Insurance Company responsible for delay or non-receipt of payment for any reason whatsoever after issue of instructions for transfer of payment by Insurer/ TPA based on the above.

Date:

Place:

Signature of the Insured