

## **NEFT- Mandate Form**

**(To be filled in by the Applicant in BLOCK LETTERS)**

I..... Nominee/ Policyholder of Policy Number.....  
in the name of.....  
here by request Max Life Insurance Co. Ltd. to make Claim payments directly to my bank account as per detail given below.

**Particulars of Bank Account:**

A/C Holder's Name: \_\_\_\_\_

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

Bank Name \_\_\_\_\_

Bank Account No: -

IFS Code (11--digit unique alphanumeric code

as mentioned on your bank cheque book)

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

Mobile Number

Email id: .....

**Declaration:** I agree to save and hold Max 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.

.....  
**Nominee/ Policyholder's Signature:**

**Date:**

**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 NEFT Mandate form are correct and are hereby verified.

**Name of the Signing authority**.....

**Name of Bank:** .....

**Bank verification Stamp with branch address**

.....  
**Signature of Authorized Signatory**

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

**E/201410/Eng/V1/CM8**