

Universal Sampo General Insurance Co. Ltd.

(A joint venture between Indian Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments)
Regd. Office : Office No 103, First Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai-400093

Bank Account Mandate for Direct Credit (This form to be used for one time Customer payment only) For legibility, please use BLOCK LETTERS in blank ink.

Universal Sampo Location: _____ Claim no: _____ Date: _____

Beneficiary Details (TO BE FILLED IN - BLOCK LETTERS ONLY) *all fields are mandatory*

Beneficiary Name : _____
(Should be same as in Bank) First Name Middle Name Last Name

Address : _____
(As per the policy) _____

City : _____ **Pin Code:** _____

PAN No : _____ **Date of Birth:** ____/____/____ DD MM YYYY

Service Tax Reg No: _____ **E Mail:** _____

Phone No.(with STD code): _____ **Mobile Number :** _____

Bank Account Details (TO BE FILLED IN - BLOCK LETTERS ONLY) *all fields are mandatory as per bank records*

Bank Account Number : _____ **Account Type:** _____ (Savings /Current/Other etc)

Name of the Bank : _____

Bank Branch Name : _____ **Bank Branch Code:** _____

IFSC Code : _____ **MICR Code:** _____

(The above details are available on the face of the cheque *as per CTS-2010/06.2013*. If not, please speak to your branch and get the details / submit the copy of bank pass book where all the above details are available)

* I/we DO NOT wish to receive direct credits, but wish to receive payment by cheque. (Please ✓)

I hereby understand and confirm that:

- 1) The details given above are true and I have no objection for directly credits in the bank account mentioned above.
- 2) If the electronic credit is not effected, delayed or credited to a wrong account on account of incorrect or incomplete information provided, USGIC shall not be held liable now or in future for such losses.
- 3) In the event the credit is not effected by your Banker for any reason, USGIC reserves the right to make the payment through cheque. USGIC shall not make any payout either partially or wholly in the form of cash.
- 4) Enclosed copy of PAN OR certificate of Service Tax registration (if applicable for institutions).
- 5) Enclosed cancelled cheque as per CTS-2010 of the bank account mentioned above.
- 6) If wise to receive payments by cheque instead of direct credit, have appropriately ticked the check -box provided for this purpose.

Place: _____

Date: DDMMYYYY

Signature of Customer _____

Documents to be attached:

- Self attested copy of PAN Card OR Service Tax Regn certificate (if applicable for Institutions)
- Original cancelled Cheque (CTS- 2010) duly signed by insured

Verified by Company : YES / NO

Signature of Verifying Person: _____

Inward stamp
with date

Date: DDMMYYYY