

**NEFT/EFT Mandate Form**

Policy no:

Claimant/Assignee Name:

Address of the claimant:

Pin Code:

Contact Number:

Bank name:

Claimant/Assignee Name as per bank records:

Full Account number:

IFSC Code:

Branch name:

Account type:      Savings       Current       NRO       NRE

Note: Original blank personalized cancelled cheque attached.

**Declaration:**

1. I hereby declare that the particulars given above are correct to the best of my knowledge. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information, I would not hold Shriram Life Insurance Company Limited or any of its associates/agents responsible. Further, I agree to keep Shriram Life Insurance Company Limited indemnified against any loss caused to them due to any incorrect information provided above.
2. I/we understand that the information provided by me/us may be shared with third parties under any legal or regulatory provisions. I/We understand and agree that where NEFT cannot be processed for whatsoever reason, the payout may be processed through cheque.
3. I further undertake to refund any excess amount whether demanded by Shriram Life Insurance Company Limited or not, which has been credited in excess to my account at any time due to any reason.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature

Signature of the account holder

**Declaration to be made by a third person**

The Claimant/Assignee has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Claimant/Assignee in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the Claimant/Assignee has Signed/affixed his/her thumb impression in my presence.

Name of the Declarant: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature

Signature of the Witness

**(Bank Official Stamp and Authorized Signature)**

**Shriram life Insurance company Limited**  
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CIN U66010TG2005PLC045616