



## NEFT / RTGS / IMPS- MANDATE FORM

DATE ...../...../.....

To

ALFASTAR INDIA NIDHI LIMITED

Head office/ Branch :- TYOD SAMBHAR LAKE

**Sub : Receipt of RD/SB A/C payment through NEFT/RTGS/IMPS.**

I am giving below the details of my Bank account for receiving SB A/C payment through

(1) ASINL POLICY ACCOUNT (RD)/SB A/C No:-

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**NEFT/RTGS/IMPS:** - .....

Name of SB A/C holder/ claimant : .....

(2) Bank Name : .....

(3) Bank Branch Address : .....

(4) Account Type : Savings/Current/Cash Credit/NRI: - .....

(5) Account No.: 

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(6) IFSC No.: 

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(7) Mobile number. : 

+91																	
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(8) E-Mail ID: .....

(9) Are you willing to receive SMS/E-mail, on matters related to your ASINLSB A/C, policies? **Yes / No**

I have enclosed the following document to this effect. (Please ✓ appropriate item)

**{A.} Cancelled cheque leaf / Bank Statement with A/C holder details / Bank Passbook**

(Clear photo copy) **With self-attested by Bank AC holder**

**{B.} if (A), not available you provide verified Account details by the bank with stamp containing details of Bank Accounts Number, IFSC No & Name.**

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**Signature / Thumb Imp. Of the SB/RD A/C holder**

(\*\*In case of change in Bank details, please fill this mandate form again and submit the same to Our Head office)