

RELIANCE

General Insurance

Vendor code (if existing) _____

Mandate for Electronic Payment to Vendor (For Accounts Team Verification)

Vendor Information (To be filled by the Vendor's Accounts Team)

Vendor Name: (IN BLOCK LETTER) _____
Address: _____
City: _____ District: _____ State: _____ PIN Code: _____
Telephone Number/ Mobile: _____ Fax: _____ Email: _____
Nature of Product/ Service Provided: _____
PAN / TAN Number: _____ Service Tax Reg no: _____ Any Other Regn No: _____ Regn Authority: _____

Dear Sir,

Subject: Mandate for Electronic payment to Vendor (via NEFT/ECS/Direct Credit etc.)

I/we refer to your letter regarding Electronic Payment facility being offered by you and I wish to avail the same with immediate effect. The amount payable to me/us may be directly credited to my/our below mentioned account

Vendor Information - Bank Account Details* (To be filled by the Firm)

Beneficiary Name (Bank A/c holder Name): _____
Beneficiary A/c No*: _____
Beneficiary A/c Type*: Savings Current NRO NRE FCNR
Bank Name*: _____ Branch Name*: _____
Branch Address*: _____
Branch City*: _____ State: _____ PIN Code: _____
9 Digit MICR Code No*: _____ IFSC Code*: _____

(Please provide MICR code for ECS credit, MICR starting and/or ending with 000 are not valid for ECS.)

Payee Name Confirmation (To be filled in case of Payee name differs from Service Provider Name)

Applicable for the Vendor falls under any Group / Trust / Mission / HUF / Proprietorship / Others (Please specify) _____

I/We affirm that payment made as per below details would release Reliance General Insurance Company Ltd. towards any obligation and no dispute would be instituted against them for such payment at any time.

Vendor Name: _____ wherein Payment to be released in

Name of i.e. Payee Name / Bank Account Name is: _____

I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed for reasons of any error, inaccuracy or mistake due to incompleteness or delay in providing above details, I/We would not hold Reliance General Insurance Company Ltd. responsible for same.

Declaration for Proprietorship Firm

PAN Card Type Individual Company Firm Trust HUF Others

Name on PAN Card: _____ PAN No.: _____

I state that, The " _____ " is a sole proprietary / Firm / HUF / Trust / Company/concern under any Group and declare that we did not have any separate PAN card in the name of the above mentioned firm. PAN card copy is attached for your reference.

Declaration

I / We hereby declare that - the above information provided by me / us is best to my / our knowledge and also accept the Electronic payment facility as offered by Reliance General Insurance Co. Ltd (RGICL) and declare that I/we is/or holder in the above mentioned bank account and any liability arising out of this facility, directly or indirectly, now or in future, would be borne by me/us. I/we understand that this facility is subject to a minimum amount of payment (as decided by RGICL), being payable to me/us.

Thanking You

Place _____

Signature
(Authorized Signatory with Stamp/Seal)

Enclosures (To be submitted by the Vendor)

1. PAN Card copy
2. Cancelled cheque original only / Bank NEFT confirmation letter
3. Service tax registration copy
4. Bank statement / Pass book copy (in case of Payee name not printed on cheque)

Note - 1. To be filled in English & block letters. **2.** All the details needs to be filled / provided mandatorily, failing of which application shall be considered incomplete. **3.** RGICL reserves the right to physically verify the facts by visiting the centers. **4.** All documents need to be duly signed and stamped.

Insurance is the subject matter of solicitation.

An ISO 9001:2008 Certified Company

Reliance General Insurance Company Limited. Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001