
Vendor code (If existing)

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

Vendor Name:

Address:

City: District: State:

Pincode: Email:

Telephone No./Mobile: Fax:

Nature of Product / Service Provided

PAN/TAN Number: Goods & Service Tax Reg no:

Any Other Regn No: Regn Authority:

I/we wish to avail Electronic Payment Facility being offered by Reliance Health Insurance Ltd. with immediate effect. Kindly credit the amount payable to me/us directly 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:

City: State: Pincode:

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:

I/We affirm that payment made as per below details would release Reliance Health Insurance 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 Health Insurance 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 TOWARDS REGISTRATION UNDER MICRO, SMALL AND MEDIUM ENTERPRISES (MSME) DEVELOPMENT ACT 2006

I / We hereby declare that, the

a sole proprietary Firm HUF Trust Company Concern Any other

under any group is comes under MSMED Act 2006.

DECLARATION

I/We am/are 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 Reliance Health Insurance Limited), being payable to me/us.

Date

Place

Signature (Authorised 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.Goods & 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. RHIL reserves the right to physically verify the facts by visiting the centres. 4. All documents need to be duly signed and stamped.

*Insurance is the subject matter of solicitation.