

Consent /Authorization letter to join in the Medical Insurance Scheme as per 10th Bipartite Settlement / Joint Note dated 25.05.2015

To
Dhanlaxmi Bank Ltd
HR Dept, Corporate Office
Thrissur -680 001

Dear Sir

I wish to join the Medical Insurance Scheme extended to the Retired Officers/employees of the Bank subject to payment of Agreed insurance premium by me. I also request you to accept this as mandate to debit my account number as per the details given below:

Name of Retired Officer/employee	
Emp. No	
Designation at the time of Retirement	
Date of retirement	
Branch /Office last worked	
Mode of exit	Retirement/Voluntary retirement
Pension Paying Account No	
Operative DBL –SB account no in case of Non pensioners	
Branch Name	
Branch Code	
IFSC code	
PAN No	
Contact telephone No	
Mobile No	
Contact e mail id of self/spouse/relative	
Contact address	

Sl no	Full Name of Self/Dependant Spouse	Date of Birth	Gender	Relationship	Photograph
1					Self
2					Spouse

Declaration

I hereby declare that the Bank account particulars given above are correct and complete. I undertake to maintain sufficient clear balance to cover the premium amount on the above account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information/ insufficient balance or any other reason whatsoever, I would not hold the Bank responsible.

Please treat this as an irrevocable mandate as an authorization to debit my account with the required Medical insurance premium amount plus GST and Bank is only facilitating the payment by obtaining this mandate and it shall be my responsibility to ensure that annual Premium is Paid.

In the event of the above account getting closed for any reason I shall intimate the Bank, the new account opened with the bank for debit of Medical insurance premium as per this instruction.

Date:

Signature of the Employee