

Aviva Life Insurance Company India Ltd.: Head Office: Aviva Tower, Sector Road, Opposite DLF Golf Course, DLF Phase V, Sector 43, Gurgaon-122003 Tel: +91 (0) 1242709046; Fax: +91 (0) 1242571210

			A NUZ	A C C	OU.	IT D			TIO	N F	\D D	IDEC	т А	001		 		orr	n							
		BA	ANK .	ACC	UUN	VI K	EGR	JIKA	ATIO	NFC	ע אנ	IKEU	, I A		JUN	1 11	(AN	SFE	K							
Policy number	\perp																									
Bank Name																										
Bank Address																										
Bank Account Holder's Na	me																									
Bank Account Number																										
Account Type (Saving/ Curi	rent/ N	RE/ N	IRO)																							
Bank Branch NEFT IFS Co	de																									
Bank Branch MICR Code																										
			DC	CUN	IEN.	TS R	REQU	JIRE	D FC	R D	IRE	CT A	cco	UN.	T TR	ANS	SFE	R								
I understand and agree to	all the	cond	lition	s and								HOR	ISAT	ΠΟΝ	ı											
Policyholder's Signature*: *(We might contact you for verification of your details prior to payo								Declarant's Signature*:																		
Declarant Name & Address *In case of signature in vernacul with Aviva Life Insurance Compa IMPORTANT NOTE: All the bank account details The account of the policy h mandate and supporting do Before submitting the bank Policy holder's name under NRI accounts are guided b	any India s should nolder shocuments account	be filled to to details cy shou	*A seli d corre e oper va Life s, the p	ectly. ational Insura olicyhotch wit	ted c	ne time Comp should	e of re cany Ir d conf	Photo eceipt ndia Lt irm fro c; else	of poli d. om his	cy pa	oof of	. Any is NEI	eclara chang T en	ant is ges ir abled	requi	red.	nt de	tails :	shou	ıld be	e com	munio	cated	throug	h a rev	/ised

We request you to **submit this form with details along with the documents mentioned above** at the nearest Aviva branch or our Head Office. For any assistance you can reach us at: www.avivaindia.com 1800–1800–2266 / 0124–2709046 customerservices@avivaindia.com