

Deposit Slip

Branch _____ Code No. _____

Credit the Account: **MAX BUPA HEALTH INSURANCE COMPANY LIMITED**

Following information is mandatory, depositor & Axis Bank Teller to ensure that all the fields are filled in

Max Bupa Customer's Name	
Max Bupa Customer's Contact#	
Application#	
Customer ID	
Policy#	
Depositor Name	
Depositor's Contact#	
Cheque#	Amount
Bank & Branch	

Denomination	Nos.	Rupees
1 0 0 0 X		
5 0 0 X		
1 0 0 X		
5 0 X		
2 0 X		
1 0 X		
5 X		
2 X		
1 X		
Total		

Depositor's Sign

Amount in words (Rupees) _____

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Max Bupa Customer's Name	
Max Bupa Customer's Contact#	
Application#	
Customer ID	
Policy#	
Depositor Name	
Depositor's Contact#	
Mode (Tick whatever is applicable)	Cash <input type="checkbox"/> Cheque <input type="checkbox"/>
Cheque#	Amount
Bank & Branch	

Amount in words (Rupees) _____

Cashier Signatures & Stamp