Cash Management Product
Cash/Cheque Deposit Slip

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#

Bank & Branch

<table>
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<th>Denomination</th>
<th>Nos.</th>
<th>Rupees</th>
<th>Depositor’s Sign</th>
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<td></td>
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</table>

Amount in words (Rupees)

-----------------------------------------------------------------------------------------------------------------------------

(Cheque/Cash Receipt Acknowledged by Axis Bank)

Branch 

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#
Mode (Tick whatever is applicable)
Cheque# Cash Cheque

Bank & Branch

Amount in words (Rupees)

Cashier Signatures & Stamp

Please use one slip for one customer