AXIS BANK

Cash Management Product
Cash/Cheque 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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AXIS BANK

(Cheque/Cash Receipt Acknowledgement by Axis Bank)

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#

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

Bank & Branch

Amount in words (Rupees)

Cashier Signatures & Stamp

Please use one slip for one customer
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