

**Form of bank details for Direct Bank Credit**

Date :

Policy Number(s)-

Name of policy holder -

Name as in bank account (savings account number)-

Bank Account Number (as in pass book)-

Bank name-

Bank Branch –

Declaration: I hereby authorize LICICI to make all payments with regard to above Policies by direct credit to the above bank account.

Signature of Policy Holder

(Pl attach copy of 1<sup>st</sup> page of Bank Pass Book. If pass book not available, request to get the details certified by concerned Bank Officials with Bank Seal).

The completed form may be sent to any of the following address:

1. The Manager, LICICI, LICICI House, 11, Butt Street, PO Box 266, SUVA
2. Regional Manager (West), 5 Tui Street, PO Box -789, Lautoka
3. 5, Savilla House, Lot 2 Reddy Place (Off Jaduram Street),Nasea, Labasa