redefining / standards

Request for claim payments to be credited directly to bank account

PLEASE FILL IN ALL DETAILS AND USE **BLOCK** CAPITALS THROUGHOUT

This form is to be sent to: Atlas Healthcare Insurance Agency Limited, Abate Rigord Street, Ta' Xbiex XBX1121, Malta

Policy Details

Policy No.		Group (if applicable)	
Member name and surname			
ID Card/Passport No.		Mobile No.	
Email Address*		Telephone No.	

*This is required for payment notification purposes

Bank Details

Bank Name		Branch	
Name of Bank Account Holder			
IBAN (International Bank Account Number)			
BIC/SWIFT (Bank Identifier Code, foreign bank accounts only)			
Member's Signature		Date	

Note: Claim settlement by direct credit transfer is only possible for bank accounts which are within the Single Euro Payments Area (SEPA)

In future, if you are the subscriber, claims for all members aged under 18 will be credited to this account unless notified otherwise.
If dependents aged 18 and over would like their claims to be settled to this account, please complete the section below.

Dependants (For completion ONLY for family members aged 18 and over)

Dependant 1 name and surname			
Dependant's signature		Date	
Dependant 2 name and surname			
Dependant's signature		Date	
Dependant 3 name and surname			
Dependant's signature		Date	