

REIMBURSEMENT CLAIM –BANK DETAILS

In Compliance with Central Bank of UAE for the implementation of IBAN (International Bank Account Number), we request you to provide the IBAN of your bank account and confirm Email ID to which Explanation of Payment (Claims Report) will be sent.

Beneficiary Name:	
Account Holder Name:	
Bank Name:	
Bank Branch Name:	
Bank Account Number:	
IBAN Number:	
SWIFT Code:	
Email ID (for sending explanation of payment):	

DISCLAIMER:

MedNet confirms that our member account details as provided in this form will be used to only effect settlement of Insured Member's and their dependent's medical claims and hence will only be disclosed to MedNet's bankers and / or contracted foreign exchange companies.

INSURED MEMBER'S UNDERTAKING:

I hereby confirm that the above provided account details are accurate. I will be solely responsible for any errors in medical claims settlement arising out of or related to erroneous data provided above.

Signature of Insured Member:

Date: