



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		
<b>Total</b>		

Depositor's Sign

Amount in words (Rupees) \_\_\_\_\_



**(Cheque/Cash Receipt Acknowledgment by Axis Bank)**

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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