

MWA ELIGIBILITY CRITERIA & FORM

To

The Hon Secretary

Members Welfare Association

The SVC Bank Ltd,

Vakola Santacruz East

Mumbai: - 400055.

Dear Sir,

Subject Application for Reimbursement of

- A) Medical Expenses (General)
- B) Surgery

With reference to the above subject, I am hereby submitting my application for medical reimbursement. My personal details are as follows:

(Surname) (First Name) (Middle Name)

1. Name:

2. Address:

3. Members Registration No.: _____ No of Share held: _____

4. Date of birth: _____ Age: _____

5. Purpose (GENERAL/ SURGERY) :(IN CAPITAL BOLD LETTERS)

6. Proof Enclosed: _____

7. S/B Account Number: _____ **Branch (SVC Bank):** _____

8. Telephone Number: _____

9. Amount claimed in the past (if any):

Total Amount for the present claim _____

Date: -

Share Holder's Signature

The shareholders are requested to send the applications twice in a year, i.e.: April and October, each year. No applications within the period of SIX months will be accepted. Members are requested to bear with us.

THESE REVISED RULES WILL COME INTO FORCE FROM THE FIRST DAY OF EVERY FINANCIAL YEAR.

HON.SECRETARY

PLEASE NOTE THE CHANGES AND PRESERVE FOR FUTURE REFERENCE.