

AUTHORIZATION FORM FOR BANK/WIRE TRANSFER

Authorization

I undersigned provide **ABUDHABI NATIONAL INSURANCE COMPANY (ADNIC)** my bank account details to facilitate the process of Wire Transfer of my claim.

BANK NAME : _____

IBAN NUMBER : _____

MAIL ID : _____

MOBILE NUMBER : _____

Member Name & Card Number

Signature

Date

For ADNIC OPS Only

ADNIC Staff Name

Date

ADNIC-SHS-07-F06