

## 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:

1. Name: (Surname) (First Name) (Middle 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 quarterly, i.e.: April to June, July to September, October to December and January to March, 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.