

**TO WHOM IT MAY CONCERN**

**SUBJECT: NO OBJECTION LETTER - THIRD PARTY FUND TRANSFER &  
SETTLEMENT OF REIMBURSEMENT CLAIM**

I, \_\_\_\_\_ authorize to transfer the approved reimbursement amount as per details furnished below:

Details of the accounts mentioned below for settlement:

|   |
|---|
| <b>Beneficiary Name:</b>  |
| <b>Relation to the Beneficiary</b> <i>(Kindly tick which ever applicable):</i><br><br>Employer <input type="checkbox"/> Relative <input type="checkbox"/> Others <input type="checkbox"/> |
| <b>Bank Name:</b>   |
| <b>Account Name:</b>  |
| <b>IBAN Number:</b>   |
| <b>Account Type: Savings/Current/Salary Prepay:</b>   |

*I confirm having read and declare that the information provided herein is true and correct.*

|  |  |
|--|--|
| <b><i>Employer's Name</i></b>                    |  |
| <b><i>Policy Number</i></b>                      |  |
| <b><i>Name &amp; Signature of the member</i></b> |  |
| <b><i>Date</i></b>                               |  |