

Direct Credit Details

Kindly complete your bank details below to receive payment of your claim directly into your bank account and email it to health@gasamamo.com. If you have already given us your details, you are not required to complete this section again unless you would like to make changes to the existing bank account details.

We can only make SEPA payments in euro.

Patient's /Parent or guardian's bank account details if the patient is under 18	
Name	Surname
Passport / I.D. No.	Policy Number
Mobile Number	Email Address
IBAN No.	
Name of Bank	Patient's Signature/Parent or guardian's signature if the patient is under 18
Country	
Date	