

APPLICATION FOR STANDING INSTRUCTION

(Kindly fill in Block Letters)

Date: / /

Policy Number		Application Number	
Name of Policy Owner			
Mobile Number		Telephone Number	S T D
Email ID (Mandatory for NRI)			

Standing Instruction: Start Date: / /

End Date: / /

Premium payment frequency: Monthly Quarterly Half-yearly Annually

Premium Amount: Rs.

BANK ACCOUNT DETAILS (Please attach a cancelled cheque/self attested photocopy of a cheque for the mentioned account)

Name of Account holder	
Bank Name	<input type="checkbox"/> IDBI Bank <input type="checkbox"/> Federal Bank Branch Sol ID
Bank Branch Name	
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> NRE <input type="checkbox"/> Current (For current account company stamp is mandatory) <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
Bank A/c Number	
Bank Customer ID	
Name of Joint account holder/s (If Joint account)	

GENERAL TERMS & CONDITIONS

- The Standing Instruction will be effective subject to the account being valid and in good standing
- The Standing Instruction will continue to remain in effect for the term of the policy till the same is cancelled in writing by the Account holder(s) or is revoked by IDBI Federal Life Insurance Co Ltd on contravention of policy term.
- Re-instatement of the Standing Instruction, once revoked by Account holder(s) or IDBI Federal Life Insurance Co Ltd will need to be in writing by the Account Holder(s) or on advice of IDBI Federal Life Insurance Co Ltd as the case may be.
- The Account Holder(s) is/are responsible for keeping IDBI Federal Life Insurance Co Ltd advised of any change in the status of the account and amend the mandate accordingly.
- Account Holder(s) is/are required to ensure maintenance of sufficient funds in his/her account for execution of the Standing Instruction by the Bank towards payment of premium.
- Notwithstanding what is mentioned herein above, it is understood that the IDBI Bank / Federal Bank is extending the above facility to make it convenient for and facilitate the policyholder to pay the premium and is further acknowledged that the onus and liability to make such payment within the due dates vests solely and absolutely with the policy holder and that in the event of late payment he/she shall be liable for the late payment charges and other consequences as may be enforced by IDBI Federal Life Insurance Co Ltd as per the policy term.
- A premium paid certificate will be provided on periodic intervals and also on request.

I/We, _____ hereby authorize the Bank to debit my/our above mentioned account, towards the renewal premium payable by me/us to IDBI Federal Life Insurance Co. Ltd. under the Proposal Application/Policy Contract as mentioned above. The payment of the premium amount in respect of the Proposal Application/Policy shall include any statutory levies imposed by any statutory authority in respect of the Insurance Proposal/Policy and I/we hereby authorize you to reduce/increase the above mentioned amount upon IDBI Federal Life Insurance Co. Ltd. giving you notice in writing of any decrease/increase in the said statutory levies.

Signature of First Applicant

/ /

Signature of Second Applicant

/ /

Signature of Third Applicant

/ /

FOR BANK USE ONLY

Policy No.

Policy Commencement Date: / /

Setup date / /

Approved by _____ Setup by _____

Name and Emp No of Authorized Signatory from Bank Branch _____

Signature of Authorized Signatory from Bank Branch _____

