

## APPLICATION FORM FOR AUTO DEBIT (NACH) REGISTRATION

MANDATE INSTRUCTION FROM-  
(Refer to instructions mentioned below before filling details)

UMRN	F O R O F F I C E U S E	Date	D D M M Y Y Y Y
Tick (✓) <sup>3</sup>	Sponsor Bank Code	Utility Code	
<input checked="" type="checkbox"/> CREATE	CITI000PIGW	CITI00002000000037	
<input checked="" type="checkbox"/> MODIFY	I/We hereby authorize	to debit (tick✓) <sup>4</sup>	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other
<input checked="" type="checkbox"/> CANCEL	Bank A/c number <sup>5</sup>		
With Bank <sup>6</sup>	Bank Name	IFSC <sup>7</sup>	or MICR <sup>8</sup>
For an amount of Rupees			₹
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & When presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
Ref. 1/ Application No.	OFFICE USE ONLY	Phone No	
Ref. 2/ Policy No.	POLICY NUMBER	Email ID	
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.			
<sup>15</sup> PERIOD (Office Use only)		Signature Of Primary Account Holder	Signature of Second Account Holder
From	D D M M Y Y Y Y		
To	X X X X X X X X	Name as in Bank Records	Name as in Bank Records
or	<input checked="" type="checkbox"/> Until Cancelled		

In case of current a/c on company name please affix proprietor's stamp on above signature section. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account. I have understood that i am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate of the bank where i have authorized the debit.

**Please mention the preferred day of the month\* \_\_\_ when you expect your account to be debited.**

\*Your preference will be considered only if it is within 10 days in monthly mode cases and within 25 days of the premium due date for all other cases.

### Certification by account holder's bank

Certified that the above account is currently operational and the particulars furnished above are correct as per our records and we have noted the instructions.

Authorised Signatory		Bank Stamp		Date	D D M M Y Y Y Y
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### Instructions to fill the form

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|--|---|
| <ol style="list-style-type: none"> <li>1. UMRN - To be left blank for office use</li> <li>2. Date in DD/MM/YYYY format</li> <li>3. Create for new mandate (Don't overwrite)</li> <li>4. Select the type of account to be debited</li> <li>5. Your Bank Account Number for debiting the amount</li> <li>6. Name of your bank</li> <li>7. Your bank branch IFSC code (11 digit alphanumeric code). You can either refer to your cheque leaf for IFSC code or enquire at your bank about the same.</li> <li>8. Your bank branch MICR code mentioned at the bottom of the cheque leaf. In case it begins with 000, please contact your bank for the MICR.</li> </ol> | <ol style="list-style-type: none"> <li>9. Amount in numbers</li> <li>10. Amount in figures</li> <li>11. Application Number - To be left blank for office use</li> <li>12. Mention the policy number (10 digit Numeric code) - Refer policy document.</li> <li>13. Your mobile number</li> <li>14. Your Email ID</li> <li>15. Period- To be left blank for office use</li> <li>16. Signature of Account Holder as per bank records.</li> <li>17. Name of Account Holder</li> </ol> <p style="font-size: 8px; margin-top: 5px;">Note: Don't Overwrite the pre-filled options e.g. Field No 3: CREATE (Request type), FREQUENCY, DEBIT TYPE and PERIOD</p> |
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### General Terms & Conditions

- The total premium amount is subject to change due to revisions in Service Tax and other levies as notified by the government from time to time.
- NAV applicable for unit linked insurance plans will be as per the premium due date or preferred date whichever is later.
- In case the application does not reach the Head Office at least 30 days prior premium due date, the same will be effective from the next premium due date after successful registration.
- Request for cancellation of Auto Debit should reach the Head Office atleast 15 days prior to the premium due date to avoid deduction of premium.
- The account details provided for Auto Debit registration should belong to either Policyholder, Proposer or Life Assured. No third party payment is allowed for the same.
- The company will not be responsible in case there is any delay in debit execution or any charges levied by the bank due to insufficient balance in policyholder's account.
- Premium will be debited on due date if preferred day is not opted or the opted preferred day is not eligible for preferred date.
- Personalized Cancelled Cheque is mandatory along with this application form.
- All the account holders name and signature is mandatory if the account is jointly operated.
- Proprietor stamp is mandatory along with account holders signature if current account (Individual/firm/company account/Partnership).

### Declaration by Policyholder

I/We hereby apply for IDBI Federal Life Insurance Co. Ltd. Auto Debit facility after having read and accepted all the Terms and Conditions mentioned herein. I/We hereby declare that the particulars given in this form are correct and complete. I also authorise the above mentioned bank to debit my account for any charges applicable for to this service.

Signature of Policyholder

Policyholders Name

- YES, I have enclosed Cancelled Cheque with Preprinted Account Holder Name & Bank Account Number.
- YES, I have enclosed Bank Account Statement / Pass Book Copy along with Cancelled Cheque (only if, A/C Details are not Preprinted on the Cancelled Cheque).