



1330\_004

## APPLICATION FORM FOR AUTO DEBIT (NACH) REGISTRATION

UMRN<sup>1</sup>

DATE<sup>2</sup>

Sponsor Bank Code

Utility Code

Tick (✓)<sup>3</sup>

CREATE ☒

MODIFY ☒

CANCEL ☒

I/We hereby authorize  to debit (Tick)<sup>4</sup>

Bank A/c number<sup>5</sup>

With Bank<sup>6</sup>  IFSC or MICR<sup>7</sup>

For an amount of Rupees<sup>8</sup>

DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

FREQUENCY ☒ Daily ☒ Weekly ☒ Bi-Monthly

☒ Monthly ☒ Quaterly ☒ Half-Yearly

☒ Annually ☒ As & When presented

Ref. 1/Application No.

Ref. 2/Policy No.

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per the latest schedule of the charges of the bank. 2. 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 the account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit. 4. I/We understand and accept that in case transaction/s initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act).

Maximum period of validity of this mandate is 40 years only

<sup>12</sup> PERIOD

From

To

<sup>13</sup> Signature of Primary Account Holder

<sup>14</sup> Name as in Bank Records

<sup>13</sup> Signature of Second Account Holder

<sup>14</sup> Name as in Bank Records

<sup>13</sup> Signature of Third Account Holder

<sup>14</sup> Name as in Bank Records

In case of current a/c on company name please affix proprietor's stamp on above signature section.

Please mention your preferred day of the month:  on which you would like your account to be debited.\*

\*Your preference will be considered only if it is within next 10 days for monthly or within next 25 days for non-monthly mode cases from the premium due date.

### 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 

### Instructions to fill the form

- UMRN-To be left blank for office use
  - Date in DD/MM/YYYY format
  - Create for new mandate (Don't overwrite)
  - Select the type of account to be debited
  - Your Bank Account Number for debiting the amount
  - Name of your bank
  - 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. 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.
  - Amount in words
  - Amount in figures
  - Application Number - To be left blank for office use
  - Mention the policy number (10 digit Numeric code) - Refer policy document.
  - Period - From: This date should be one day after the Mandate Date (2).  
To: This date should be at least up to end of Premium Paying Term subject to maximum of 40 years period.
  - Signature of Account Holder as per bank records.
  - Name of Account Holder
- Note: Don't Overwrite the pre-filled options e.g. Field No 3: CREATE (Request type). FREQUENCY, DEBIT TYPE and PERIOD

### General Terms & Conditions

- The total premium amount is subject to change due to revisions in Goods & 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.
- 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 Ageas 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

☐ 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).

Policyholders Name