



APPLICATION FORM FOR AUTO DEBIT (NACH) REGISTRATION

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

UMRN ¹ FOR OFFICE USE

Date ² DD MM YYYY

Tick (✓) ³
☒ CREATE
☒ MODIFY
☒ CANCEL

Sponsor Bank Code CITI000PIGW

Utility Code CITI00002000000037

I/We hereby authorize AGEAS FEDERAL LIFE INSURANCE COMPANY LTD.

to debit (Tick) ⁴ SB CA CC SB-NRE SB-NRO Others

Bank A/c number ⁵ XXXXXXXXXXXXXXXXXXXX

With Bank ⁶ Bank Name

IFSC or MICR ⁷ XXXXXXXXXX

For an amount of Rupees ⁸ In Words

₹ ⁹ Amount in Numeric

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☒ As & When presented

DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Ref. 1/Application No. ¹⁰ OFFICE USE ONLY

Phone No ¹² XXXXXXXXXX

Ref. 2/Policy No. ¹¹ POLICY NUMBER

1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made me/us. I am authorizing the user entity/ corporate to debit my 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.

Maximum period of validity of this mandate is 40 years only

¹³ PERIOD (Office Use Only)
 From DD MM YYYY
 To DD MM YYYY
 Maximum period of validity of this mandate is 40 years only

¹⁴ Signature of Primary Account Holder
¹⁵ Name as in Bank Records

¹⁴ Signature of Second Account Holder
¹⁵ Name as in Bank Records

¹⁴ Signature of Third Account Holder
¹⁵ Name as in Bank Records

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

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 XXXXXXXXXX Bank Stamp XXXXXXXXXX Date DD MM YYYY

Instructions to fill the form

<ol style="list-style-type: none"> 1. UMRN- To be left blank for office use 2. Date in DD / MM / YYYY format 3. Create for new mandate (Don't overwrite) 4. Select the type of account to be debited 5. Your Bank Account Number for debiting the amount 6. Name of your bank 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. 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. 8. Amount in words 	<ol style="list-style-type: none"> 9. Amount in figures 10. Application Number-To be left blank for office use 11. Mention the policy number (10 digit Numeric code) - Refer policy document. 12. Your mobile number 13. Period- To be left blank for office use 14. Signature of Account Holder as per bank records. 15. Name of Account Holder <p style="font-size: 0.8em;">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 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 at least 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 XXXXXXXXXX YES, I have enclosed Cancelled Cheque with Preprinted Account Holder Name & Bank Account Number.

Policyholders Name XXXXXXXXXX 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).