

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								
	<input checked="" type="checkbox"/> CREATE	Sponsor Bank Code CITI000PIGW	<input checked="" type="checkbox"/> DD <input checked="" type="checkbox"/> MM <input checked="" type="checkbox"/> YYYY								
	<input checked="" type="checkbox"/> MODIFY	I/We hereby authorize AGEAS FEDERAL LIFE INSURANCE COMPANY LTD.	<input checked="" type="checkbox"/> Utility Code CITI00002000000037								
	<input checked="" type="checkbox"/> CANCEL	Bank A/c number	to debit (Tick) ⁴ <input checked="" type="checkbox"/> SB <input checked="" type="checkbox"/> CA <input checked="" type="checkbox"/> CC <input checked="" type="checkbox"/> SB-NRE <input checked="" type="checkbox"/> SB-NRO <input type="checkbox"/> Others								
	With Bank ⁶	Bank Name	IFSC or MICR ⁷								
	For an amount of Rupees ⁸	In Words	₹ ⁹ Amount in Numeric								
	FREQUENCY <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <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. ¹⁰	OFFICE USE ONLY	Phone No ¹²								
	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. <div style="text-align: right;">Maximum period of validity of this mandate is 40 years only</div>										
¹³ PERIOD (Office Use Only) <table border="1" style="width: 100%;"> <tr> <td style="width: 33.33%;">From <input checked="" type="checkbox"/> DD <input checked="" type="checkbox"/> MM <input checked="" type="checkbox"/> YYYY</td> <td style="width: 33.33%;">Signature of Primary Account Holder</td> <td style="width: 33.33%;">Signature of Second Account Holder</td> </tr> <tr> <td>To <input checked="" type="checkbox"/> DD <input checked="" type="checkbox"/> MM <input checked="" type="checkbox"/> YYYY</td> <td>Name as in Bank Records</td> <td>Name as in Bank Records</td> </tr> <tr> <td colspan="3">Maximum period of validity of this mandate is 40 years only</td> </tr> </table>			From <input checked="" type="checkbox"/> DD <input checked="" type="checkbox"/> MM <input checked="" type="checkbox"/> YYYY	Signature of Primary Account Holder	Signature of Second Account Holder	To <input checked="" type="checkbox"/> DD <input checked="" type="checkbox"/> MM <input checked="" type="checkbox"/> YYYY	Name as in Bank Records	Name as in Bank Records	Maximum period of validity of this mandate is 40 years only		
From <input checked="" type="checkbox"/> DD <input checked="" type="checkbox"/> MM <input checked="" type="checkbox"/> YYYY	Signature of Primary Account Holder	Signature of Second Account Holder									
To <input checked="" type="checkbox"/> DD <input checked="" type="checkbox"/> MM <input checked="" type="checkbox"/> YYYY	Name as in Bank Records	Name as in Bank Records									
Maximum period of validity of this mandate is 40 years only											

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

Bank Stamp

Date DD MM YYYY

Instructions to fill the form

1. UMRN- To be left blank for office use	9. Amount in figures	
2. Date in DD / MM / YYYY format	10. Application Number-To be left blank for office use	
3. Create for new mandate (Don't overwrite)	11. Mention the policy number (10 digit Numeric code) - Refer policy document.	
4. Select the type of account to be debited	12. Your mobile number	
5. Your Bank Account Number for debiting the amount	13. Period- To be left blank for office use	
6. Name of your bank	14. Signature of Account Holder as per bank records.	
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.	15. Name of Account Holder	
8. Amount in words	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.

Policyholders Name

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).