



Standing Instruction Mandate - Direct Debit ECS/ Credit Card/ PNB Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit/ KBL Auto Debit

Tick the applicable payment option to pay your Initial premium and renewal insurance premium: ☐ Direct Debit ☐ ECS (Electronic Clearing Service) ☐ Credit Card-SI

☐ PNB Auto Debit-SI including Initial Premium ☐ PNB Auto Debit-Renewal ☐ J&K Bank Auto Debit including Initial Premium ☐ KBL Auto Debit

Mandate Reference Number (To be incorporated by Punjab National Bank/ Karnataka Bank, after updating their system) \_\_\_\_\_

DC No. (To be incorporated by Jammu and Kashmir Bank, after updating their system) \_\_\_\_\_

#### Mandatory Fields for all options

Proposed Holder Name	SUNIL KUMAR															
Policy/Application Number	21114954										PAN (Permanent Account No.)	ABHPR674SN				
Mobile Number	9811150624										Email	Sunit.mazumdar@gmail.com				
Payment Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Annual															
Amount in "NR" as mentioned in Application form	1,93,96.30/-															
Standing Instruction Start Date: 15/07/2015 (DD/MM/YY)	Standing Instruction End Date: 15/07/2029 (DD/MM/YY)															

(Note - Start and end date for PNB Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit for first premium will be date of creation of mandate in bank records)

#### Please Fill the following information if the chosen Standing Instruction option is Direct Debit or ECS or PNB Auto Debit or J&K Bank Auto Debit or KBL Auto Debit

☒ Yes, I have attached a copy of cancelled bank cheque for Direct Debit/ ECS/ PNB - Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit

Bank Account Number: 5462500101023001 BANK SOL ID (Only for PNB Account)

Name of the Account Holder as per bank records: (Mr./Mrs./Ms./Dr./M/s.) \_\_\_\_\_

Account Type (Please select one) ☒ Savings ☐ Total Freedom ☐ Overdraft ☐ Salary ☐ Cash Credit ☐ Loan Account ☐ Others

Name and Address of the Bank/Branch: KARNATAKA BANK LTD. West Patel Nagar New Delhi

9 Digit MICR Code: 1106052009

Direct Debit, please tick operated bank name: ☐ Allahabad Bank ☐ Bank of Baroda ☐ Bank of India ☐ Cit Bank ☐ Federal Bank ☐ ICICI Bank ☒ IDBI Bank ☒ Karnataka Bank ☐ Kotak Mahindra Bank ☐ State Bank of India ☐ Union Bank of India ☐ Jammu and Kashmir Bank ☐ Punjab National Bank ☐ Others

#### Please Fill in the following information if the chosen Standing Instruction option is Credit Card

☐ Yes, I have attached a copy of the front side of the Credit Card

Name of the Credit Card Holder(s): (Mr./Mrs./Ms./Dr./M/s.) \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Credit Card Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of the Issuing Bank: \_\_\_\_\_

Card Issuing Authority (tick any one) ☐ Master ☐ VISA ☐ Amex ☐ Diners

\* Amounts may vary due to taxes (including but not limited to any change in applicable tax rates), courier of fees, revised premiums, additional insurance riders. Please Note: Standing Instruction Start Date will be the Premium Due date or the next banking day, if the due date is a banking holiday

**Declaration by the Policy Owner**  
I hereby declare that the particulars given above are correct and complete in all respects. I authorize PNB MetLife India Insurance Company Limited, (the "Company") and/or its authorized service provider/PNB to collect the amounts as may be due on account of payment for life insurance premium(s) payable on and/or pursuant to the life insurance proposal(s) policy(ies), and Rider(s) if any, as issued by the Company, by Debit to my Bank Account/ Credit Card as per details provided above. I understand and agree that premium amount to be debited from my account may vary due to change in tax structure, counter offers, revised premiums, additional insurance riders, in the event of my bank being unable to debit my account, for whatsoever reason, I will pay insurance premium directly to the Company. I will also inform the Company for any changes in my Bank Account or Credit Card details.

- Terms and Conditions**  
The Proposer/Policy Owner confirms, understands and agrees that:
- Without prejudice to any rights of the Company/ its authorised service provider/ the Bank the Policy Owner will indemnify and hold the Company/ its authorised service provider / the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company/ its authorised service provider / the Bank arising out of any acts of omission or commission or negligence on the part of the Proposer/Policy Owner.
  - In case the customer intends to cancel the ECS or Direct Debit mandate she may do so by giving 15 days written notice to PNB MetLife prior to the due date of ECS / Direct Debit mandate and the same shall be processed by PNB MetLife at no extra charges.
  - The Company/ its authorised service provider/ the Bank shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control.
  - The Company/ its authorised service provider/ the Bank shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control.
  - The Company does not levy any additional charges towards cancellation of the ECS mode/recover such additional charges from the benefits payable under the policy.
  - In order to validate Auto Debit Mandate, PNB MetLife is authorized to debit customer's account with Rs. 1 which would be refunded back into customer's account.

Please tick (✓) in case of: ☒ Vernacular ☐ Literate

If Selected Please Complete The Additional Declaration Form

DECLARATION: The contents of this mandate has been read over and explained to me in vernacular, I have understood the contents completely and have furnished the information and information contained herein out of my free will and volition, after fully understanding the contents thereof. I hereby certify the contents hereof as true and correct.

Signature OR Left Thumb Impression of the customer: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Place: \_\_\_\_\_

Name and Counter Signature of the person who have explained the contents to the customer in vernacular: \_\_\_\_\_

**Authorization of the Bank Account/ Credit Card Holder (to be signed by the Account/ Credit card Holder)**  
This is to state that I have registered for the RBI's Electronic Clearing Service/ Direct Debit/ PNB Auto Debit/ J&K Bank Auto Debit and that my premium payment shall be made from the above mentioned Account/ Credit Card with your Bank. I hereby authorize the representative carrying this ECS/Direct Debit/ PNB Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit/ Credit Card mandate form to get it verified and for execution.

Account Holder's Signature (As in Bank Record): *(Signature)* Account Number: 5462500101023001

**Consent of the Bank Named in the Mandate (to be filled in case of Direct Debit/ ECS/ PNB Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit)**  
It is certified that the particulars of the Mandate above are correct, and the Signature of the Bank Account Holder, is true, as per our records and that a copy of this form duly completed has been submitted to the Bank.

Signature of the Authorized Official of the Bank: \_\_\_\_\_ Date: \_\_\_\_\_

If I am a customer of PNB Auto Debit, please also fill the below mentioned details.