

Standing Instruction Mandate- Direct Debit/ ECS/ Credit Card/ PNB-Auto Debit / J&K Bank-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	GURPINDER SINGH										
Policy/Application Number	0000678337					PAN (Permanent Account No.)	AEXPS7271N				
Mobile Number	08800667605					Email	gursarb_2000@rediffmail.com				
Payment Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Annual										
Standing Instruction Start Date	___/___/___ (DD/MM/YY)					Standing Instruction End Date	___/___/___ (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

<input type="checkbox"/> 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	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) <input type="checkbox"/> Savings <input type="checkbox"/> Total Freedom <input type="checkbox"/> Overdraft <input type="checkbox"/> Salary <input type="checkbox"/> Cash Credit <input type="checkbox"/> Loan Account <input type="checkbox"/> Others
Name and Address of the Bank/Branch	
9 Digit MICR Code	
Direct Debit, please tick operated bank name: <input type="checkbox"/> Allahbad Bank <input type="checkbox"/> Bank of Baroda <input type="checkbox"/> Bank of India <input type="checkbox"/> Citi Bank <input type="checkbox"/> Federal Bank <input type="checkbox"/> ICICI Bank <input type="checkbox"/> IDBI Bank <input type="checkbox"/> Karnataka Bank <input type="checkbox"/> Kotak Mahindra Bank <input type="checkbox"/> State Bank of India <input type="checkbox"/> Union Bank of India <input type="checkbox"/> Jammu and Kashmir Bank <input type="checkbox"/> Punjab National Bank <input type="checkbox"/> Others	

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

<input type="checkbox"/> 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 Expiry Date
Credit Card No.	Card Issuing Authority (tick any one) <input type="checkbox"/> Master <input type="checkbox"/> VISA <input type="checkbox"/> Amex <input type="checkbox"/> Diners
Name of the Issuing Bank	

* Amounts may vary due to taxes (including but not limited to any change in applicable tax rates), courier of fees, revised premiums, additional insurances riders.

Please Note: Standing Instruction Direct 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/bank 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, courier 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 authorized service provider/ the Bank the Policy Owner will indemnify and hold the Company/its authorized service provider/ the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company/its authorized 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 half 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 authorized service provider/ the Bank shall not 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 is authorized to enable the Direct Debit/ ECS/ OC SI/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit facility for the premium payments and in the instance of Direct Debit/ ECS/ OC SI/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit, to re-debit the Policy Owner/Account Holder's account with the mentioned bank to recover the premium payable.
 - 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 customers' account with Rs. 1 which would be refunded back into customer's account.

Please tick (✓) in case of: ☐ Vernacular ☐ Illiterate ☒ 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 instruction contained herein out of my free will and volition, after fully understanding the contents thereof. I hereby certify the contents as true and correct.

Signature OR Left Thumb Impression of the customer:

Name: Gurpreet Singh Place: New Delhi Date: 14/12/15

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/or executed.

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

Account Number:

Certificate 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 us.

Bank's Stamp:

Signature of the Authorized official of the Bank:

Place:

Date:

If the chosen option is PNB-Auto Debit, please also fill the below mentioned details.
GBPA Code of signature verifying authority:

Standing Instruction Mandate: Direct Debit/ ECS/ Credit Card/ PNB Bank-Auto Debit / J&K Bank-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 Bank-Auto Debit-SI Including Initial Premium ☐ PNB Bank-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	GURMINDER SINGH															
Policy/Application Number	6020641108										PAN (Permanent Account No.)	AEXPS727IN				
Mobile Number	088006676105										Email	gurminder_2002@hotmail.com				
Payment Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Annual															
Standing Instruction Start Date:	____/____/____ (DD/MM/YY)										Amount in INR* as mentioned in Application form	____				
Standing Instruction End Date: ____/____/____ (DD/MM/YY) (Note - Start and end date for PNB Bank 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-Bank-Auto Debit or J&K Bank-Auto Debit or KBL-Auto Debit

<input type="checkbox"/> 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:	____										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 on)	<input type="checkbox"/> Savings <input type="checkbox"/> Total Freedom <input type="checkbox"/> Overdraft <input type="checkbox"/> Salary <input type="checkbox"/> Cash Credit <input type="checkbox"/> Loan Account <input type="checkbox"/> Others				
Name and Address of the Bank/Branch	____															
9 Digit MICR Code	____															
Direct Debit, please tick operated bank name: <input type="checkbox"/> Allahabad Bank <input type="checkbox"/> Bank of Baroda <input type="checkbox"/> Bank of India <input type="checkbox"/> Cit Bank <input type="checkbox"/> Federal Bank <input type="checkbox"/> ICICI Bank <input type="checkbox"/> IDBI Bank <input type="checkbox"/> Karnataka Bank <input type="checkbox"/> Kotak Mahindra Bank <input type="checkbox"/> State Bank of India <input type="checkbox"/> Union Bank of India <input type="checkbox"/> Jammu and Kashmir Bank <input type="checkbox"/> Punjab National Bank <input type="checkbox"/> Others _____																

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

<input type="checkbox"/> 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)	<input type="checkbox"/> Master <input type="checkbox"/> VISA <input type="checkbox"/> Amex <input type="checkbox"/> Diners				

* Amounts may vary due to taxes (including but not limited to any change in applicable tax rates), counter of fees, revised premiums, additional insurance/rider costs.
 Please Note: Standing Instruction Debit 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/bank 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/rider costs. 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 Proposed Policy Owner confirms, understands and agrees that:
- Without prejudice to any rights of the Company its authorized service provider/ the Bank the Policy Owner will indemnify and hold the Company / its authorized service provider/ the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorized service provider/ the Bank arising out of any acts of omission or commission or negligence on the part of the Proposed Policy Owner.
 - In case the customer intends to cancel the ECS or Direct Debit mandate he/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 authorized 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 is authorized to enable the Direct Debit/ ECS/ CC SI PNB MetLife J&K Bank Auto Debit/ KBL Auto Debit facility for the premium payments and in the instance of Direct Debit/ ECS/ CC/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit dishonor, to re-debit the Policy Owner's Account Holder's account with the mentioned bank to recover the premium payable.
 - 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 Re. 1 which would be refunded back into customer's account.

Please tick (✓) in case of: ☐ Veraculor ☐ Illiterate If Selected Please Complete The Additional Declaration Form

DECLARATION: The contents of this mandate has been read over and explained to me in veraculor. I have understood the contents completely and have furnished the information and instruction contained herein with 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: 14/03/15
 Name: Gurminder Singh Place: New Delhi

Name and Counter Signature of the person who has explained the contents to the customer in veraculor: _____
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 the ECS/Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit/ Credit Card mandate form to get it verified and for executed.
 Account Holder's Signature (As in Bank Record): _____ Account Number: _____

Certificate 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 us.
 Bank's Stamp: _____ Signature of the Authorized official of the Bank: _____ Date: _____
 Place: _____
 If the chosen option is PNB-Auto Debit, please also fill the below mentioned details.
 GBPA Code of signature verifying authority: _____

Signature of the Bank Manager on the letter in case of Bank Account Closure, Bank Branch also Auto Cancelled
 and all applications of the Bankholder are closed, after the signature of the Bank official (where, in case, as per your records and a copy of this letter duly completed has been
 placed
 Bank Stamp : _____
 Date : _____
 If the Closure option is Pre-Auto Cancel, please also fill the below mentioned details
 (Copy Case of signature working activity) _____

[illegible]

I am not a resident of the United States, Canada, Mexico, Australia, New Zealand, or the United Kingdom. I am not a resident of any other country that is a member of the Organisation for Economic Co-operation and Development (OECD). I am not a resident of any other country that is a member of the Organisation for Economic Co-operation and Development (OECD). I am not a resident of any other country that is a member of the Organisation for Economic Co-operation and Development (OECD).

[illegible][illegible]

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

<input checked="" type="checkbox"/> Yes, I have attached a copy of cancelled bank cheque for Direct Debit/ECS/PND - Auto Debit J&K Bank/Auto Debit RBL-Auto Debit					
Bank Account Number 5330707000233337		Name of the Account Holder as per bank records MOHIT HANS			
(Rs./Mds./Paisas)		<input type="checkbox"/> Savings <input checked="" type="checkbox"/> Current (Please Tick) <input type="checkbox"/> Salary <input type="checkbox"/> Overdraft <input type="checkbox"/> Loan Account <input type="checkbox"/> Others			
Names and Address of the Bank/Branch AXIS BANK, MEERA BHAYA, NEW DELHI					
9 digit MICR Code 110221046					
Direct Debit please tick operational bank name: <input type="checkbox"/> Axis Bank <input type="checkbox"/> Kotak Mahindra Bank <input type="checkbox"/> State Bank of India <input type="checkbox"/> Union Bank of India <input type="checkbox"/> Jamnu and Kashmir Bank <input type="checkbox"/> Punjab National Bank <input type="checkbox"/> Other Banks <input type="checkbox"/> ICICI Bank <input type="checkbox"/> Federal Bank <input type="checkbox"/> Can Bank <input type="checkbox"/> Bank of Baroda <input type="checkbox"/> Atcharya Bank <input type="checkbox"/> Bank of India					

Phase II the following information if the chosen Standing Instruction option is Direct Debit or ECS or PNH-Auto Debit / J&K Bank-Auto Debit or K&L-Auto Debit - Start and end date for PNH-Auto Debit / J&K Bank-Auto Debit / K&L-Auto Debit for first premium will be date of creation of mandate in bank records)

Proposed Holder Name	MOHIT KHANS									
Policy/Application Number	20515437									
Mobile Number	98111982037									
Email	6mitkhan@gmail.com									
Payment Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input checked="" type="checkbox"/> Annual						
Standing Instruction End Date	Annual in perpetuity									
Standing Instruction End Date	1/01/2016 - Ongoing									
(DDMMYY)										

Standing instruction Mandate - Direct Debit ECS/ Credit Card PNB-Auto Debit / J&K Bank-Auto Debit / KSL-Auto Debit

☐ PNB Auto Debit-3 including initial premium ☐ PNB Auto Debit-Renewal ☐ J&K Bank Auto Debit-Including Initial Premium ☐ KSL-Auto Debit

☐ Tick the applicable payment option to pay your initial premium and renewal insurance premium: ☐ Direct Debit ☐ ECS (Electronic Clearing Service) ☐ Credit Card-3

Do. (To be incorporated by Jammu and Kashmir Bank, after updating their system)

PNB Reference Number (To be incorporated by Jammu and Kashmir Bank / Jammu Bank)

Mandatory to be incorporated for all options