
MAX -	NACH / ECS / AUTO DEBIT M	IANDATE INSTRUCTION FORM	
T TITLE UMRN		Date 2	7022018
Sponsor Ba	unk Code U T I B 0 0 0 0 2 4 8	Utility Code U T I B 0 0 2 9	1 1 0 0 0 0 1 2 4 8 4
INSURANCE We hereb	y authorise Max Life Insurance Co	b. Ltd. to debit (tick~) SB CA CC	SB-NRE SB-NRO other
Tick (~) Bank A/C !	lumber 1234567	3910	
MODIFY X With Bank CF/NF	ARA BANK IFSC U7 T		123456-84
an amount of Rupees		₹	
FREQUENCY X Monthly X Qu	arterly X Half Yearly X Yearly As	& when presented DEBIT TYPE: X Fixed	Amount Maximum Amount
Reference 1 1 2 3 4 5	6789	Phone No.	
Reference 2 D O N O T	F I L L	E-mail ID	
•*I agree for the debit of mandate processing charges by to	he bank whom I am authorizing to debit my account as per	latest schedule of charges of the bank.*	
Period From	Slessay		
ть <u> </u>	Signature		
	Name 1	2	3
I have understood that I am authorized to cancel/amend	read, understood & made by me/us. I am authorizing the u this mandate by appropriately communicating the cancello	ser entity/Corporate to debit my account, based on the instruction attended attended to the User entity/corporate or the bandard attended to the User entity/corporate or	ns as agreed and signed by me. k where I have suthorized the debit.
			······································
Note:-In addition to policy premium, custo	mer is advised to add 10% in he man	date amount to keep provision for future i	ncrease in statutory tax.
Yes , I have attached blank cancel	led cheque leaf with pre-printed name.	,	
The premium will be debited on due date	or within next 4 days. However, the c	customer who opted for monthly mode pa	yment can opt for 4th or 8th as draw
date If it falls within 15 days of the due da	te.		
Draw date option for monthly mode polici	es 4th 8th		
In case of Current Account affix Proprieto	r Firm/Company Stamp on Mandate		
Relationship of Account Holder with life insured Self Spouse Parent/Child			
In case of Joint Account Tick (✓) any one Jointly Owned Either or Survivor			
Document attached Cancel Chequ	ue Bank Passbook	Bank Statement Finade Copy	,
Declaration by Policy Owner			
I/We clarify that the particulars furnished			promont to Moul ife Incomes to be
This is to inform that I/we have registered made from my/our above mentioned bank	account with your bank, Also I/we unde	erstand that the above instruction can be w	thdrawn/cancelled after due intimation
by giving an advance notice of 15 days are in the funding account on the date of execution	nd with the consent of Max Life insuran	ice Co. Ltd. for the payment of due premiu	ms. I/We will ensure sufficient balance
instruction will be precented again for cles	arance I/We will bear the bounce char	rges for transactions that have been unsuc	cessful due to financial reasons. I/We
agree in case NACH/ECS/DD facility is with Company. In case of subsequent bounce	with financial reasons, your policy pref	mium payment method will be changed to	cheque/cash. ECS would not apply fo
all such plans where the premium amoun	t/top-up would increase as per the feat	ture. ECS registration is subject to policy is	ssuance.
	,		
	1101		
	My		,
	p)t		
	U	1	
Proprietorship stamp require if Current Account	Signature of Policyholder (As on policy application)	Signature of Account Holder (As per bank records)	Signature of Joint Account Holder (As per bank records)
Certificate of the Bank named in the man			Signature of the bank account holder i
true as per our records.	and a support of the state of t		
Bank's stamp:- Signature of Author	orised official of the bank		
			June 2016/Version 1.10
A Max Financial Ser	vices and MS Joint	Venture	