

Auto Renewal Form
For Aditya Birla Health Insurance Co. Limited

UMRN		Date 16/12/2019	
Sponsor Bank Code UTIB0000248		Utility Code NACH000000000007800	
Tick (✓) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We hereby authorize Aditya Birla Health Insurance Co Limited to debit (tick✓) <input checked="" type="checkbox"/> SB /CA /CC /SB-NRE /SB-NRO /Other		
Bank a/c number 1212090008019			
with Bank Axis Bank Limited		IFSC UTIB0000255 or MICR	
an amount of Rupees Seven thousand seven Hundred only			₹ 7700/- <small>(Max 150% of premium)</small>
FREQUENCY <input type="checkbox"/> Mthly <input type="checkbox"/> Qtrly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Reference 1		Phone No. 9982012211	
Reference 2		Email ID RAKESH.SHARMA@GMAIL.COM	
PERIOD From 16/12/2019 To XX XX XX XX XX XX XX Or <input checked="" type="checkbox"/> Until Cancelled			
Signature of Primary Account holder 1. RAKESH SHARMA		Signature of Account holder 2. RAMA SHARMA	
		Signature of Account holder 3. Name as in bank records	

This is to confirm that the declaration has been carefully read, understood & made by me/us

I hereby give my unconditional consent to debit my above mentioned account for the premiums for Aditya Birla Health Insurance Policies.

- I authorize Aditya Birla Health Insurance Co. Limited (Company) and their authorized Service Providers to debit my Bank Account directly for renewal premium of policy/application number mentioned below.
- I understand and agree that the premium amount to be debited from my account may vary due to change in age band if applicable, taxes and other statutory levies as may be applicable from time to time and authorize you to debit such changed premium from my account as may be requested by the Company even if it exceeds the maximum amount mentioned in the mandate.
- I also declare that the particulars given below are true, correct and complete and that I may be contacted by the Company to verify the below information.
- I take full responsibility for the genuineness and correctness of the same and shall inform the Company of any changes there to.
- I understand and accept that the Company shall endeavour to activate this Facility within 30 days from the date of receipt of this mandate subject to receipt of confirmation of the above details from my bank and any premiums falling due during this period will need to be paid directly. In case the activation does not take place within 30 days of receipt of this mandate or the activation fails for any reason whatsoever, I shall not hold the Company responsible and I shall ensure that we pay all the renewal premiums due till the date of activation.
- I understand and agree that this facility is given to me by the Company purely as a service gesture. I further understand and agree that though I have given this mandate, it shall be my primary responsibility to ensure that the premiums are received by the Company in time and I shall do all such acts which the Company may require us to do from time to time to ensure that this mandate works smoothly and effectively.
- I understand and accept that the transaction will be effected on 5 working days before the due date which shall be the preferred account hit date. In case the transaction is not completed due to any reason whatsoever on such day, the Company reserves its right to instruct the Bank again on 1 working day prior to the due date for effecting the transaction. If the transaction is not completed due to any reason whatsoever on such day, the Company reserves its right to instruct the bank again on the due date or if due date is a bank holiday, on the next working day of the Bank. In the event of any failed transaction, due to any reason whatsoever, the charges, if any, levied by the Bank shall be borne entirely by me and I shall not hold the Company or the Bank responsible towards the same. The allocation and/or unitization of the premiums shall be based only on the date on which the amount is realized by the Company and not as on the date of debit to the account. If the transaction is delayed or not effected at all for incomplete or incorrect information or for any other reason, I shall not hold the Company or its authorized service provider responsible. I agree to discharge the responsibility expected of me as a participant under this scheme.
- I understand that it shall be my sole responsibility to schedule the renewal premium payments in a manner that the company receives the renewal premiums within the due dates for renewal of the policy.
- I also understand that the Company reserves the right to withdraw the facility if one or more successive payments/instructions are not received / honoured. The Company also reserves the right to withdraw the facility at its sole discretion at any time without giving any reason and without being liable to provide advance notice.
- If I wish to revoke the below authorization, I undertake to intimate Aditya Birla Health Insurance Co. Limited, at least 15 days before the premium due date in writing else the same would be effective from the next renewal premium due date.
- Preferred account hit date is for the purpose of premium payment only. Preferred Account hit date, if opted, will not alter the premium payment due dates of the policy. All policy benefits would be applicable as per the premium due date mentioned in the policy document. Allocation and/or unitization of premiums will be done at point (G) above. If the debit request is not honoured due to any reason on the preferred account hit date, no extension of Grace Period is allowed.

Proposer / Policy Holder Name

RAKESH SHARMA

Proposer / Policy Holder Signature

Application Number

Policy Number

For bank use only

CRM lead ID:

333XXXXX103

Signature Verified by (Name):

AYAN SHARMA

Signature of the Officer (with S.S.No):

Ayan

Branch Received Date:

DECEMBER, 2019