

MANDATE FORM



UMRN		Office use only										Date																															
Sponsor Bank Code		CITI000PIGW										Utility Code		CITI00002000000037																													
I/We hereby authorize		ICICI PRUDENTIAL LIFE INSURANCE COMPANY LIMITED										to debit (tick ✓)		SB/CA/CC/SB-NRE/SB-NRO/Other																													
Bank a/c number																																											
with Bank												IFSC												or MICR																			
an amount of Rupees																						₹																					
FREQUENCY		<input type="checkbox"/> Mthly <input type="checkbox"/> Qty <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		Application / Policy No. 1										Phone No.																															
Reference 2		Application / Policy No. 2										Email ID																															
PERIOD																																											
From		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>To</td> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>																				D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y						
D	D	M	M	Y	Y	Y	Y																																				
To	D	D	M	M	Y	Y	Y																																				
Or		<input checked="" type="checkbox"/> Until Cancelled																																									
		1. Primary Account Holder										2. Joint Account Holder 1										3. Joint Account Holder 2																					
This is to confirm that the declaration has been carefully read understood & made by me/us																																											

Revised NACH Debit Mandate: Annexure

☐ Yes, I have attached a blank cancelled cheque/ Photocopy of the same

The ECS/ Direct Debit request will get rejected if:

1. The above account details do not tally with your bank records 2. A cancelled/ photocopied cheque is not attached

We have tie ups with the following banks for Direct Debit:				
Axis Bank	Allahabad Bank	Bank of Baroda	Bank of India	Citibank
Corporation Bank	Federal Bank	HDFC Bank	ICICI Bank	IndusInd Bank
IDBI Bank	Jammu & Kashmir Bank	Kotak Mahindra Bank	Karnataka Bank	Punjab National Bank
State Bank of India	State Bank of Indore	State Bank of Patiala	Union Bank of India	United Bank of India
UCO Bank				

CBS
PERSONAL BANKING : SAVING ACCOUNT
DATE _____

PAY _____ OR BEARER _____

RUPEES _____ Rs. _____

SBGEN A/c No. ANWB 95070123756

ICICI Bank Limited

Prudential Branch
Ground Floor, KRA Academy, Bandra Neraye Mandir
Prudential Mumbai - 400 028

SANJEEV KUMAR

RTGS / NEFT IFSC Code : ICIC00000037

||'338899||' 400224013 | 000000 ||' 31

Branch Address

MICR Code

IFSC Code

Customer Name (Preprinted)

DECLARATION:

• I wish to avail of the Direct Debit facility and hereby express my unconditional consent to debit premium of my policy referred to above through participation in Electronic Clearing System (ECS) / Direct Debit. I understand and agree that premium amount to be debited from my account may vary due to taxes and other statutory levies as may be applicable from time to time. • I hereby declare that the particulars given are true, correct and complete. I understand and accept that the transaction will be effected on the policy on the due date (provided the day is working day). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold the user institution (Company) responsible. I agree to discharge the responsibility expected of me as a participant under the scheme. I take full responsibility of genuineness and correctness of the details filled herein. • I authorize the above mentioned bank to debit my bank account if my ECS mandate is active and until I give a written request for cancellation of ECS/ Direct Debit. • I hereby authorize ICICI Prudential Life Insurance Company Ltd., to enable the ECS/ Direct Debit facility for my premium payments and in the instance of Direct Debit /ECS debit dishonor, to re-debit my account with the mentioned bank to recover the premium payable. • In the future, if I opt out of ECS/ Direct Debit mode there may be increase in premium amount. • I hereby authorize to recover ₹ 150/- per transaction, if the payment is not honored on the due date of premium as per ECS mandate given. • I understand and agree that the submission of this form does not mean that the request will be processed. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also any payment shall be subject to realisation of the last renewal premium payment. • I a l s o understand and agree that the Company reserves the right to use any alternative payout option.

IN CASE OF POLICY REVIVAL:

• I wish to revive all my policies mentioned above which are not in force stage. • I authorize the Company to deduct all outstanding premiums along with interest (in case of non Unit Linked products) for the purpose of revival. I am aware that in case of Linked products the Company will deduct the Mortality and other charges for the period while the policy was in lapsed stage. • I understand that by only paying the outstanding premiums along with interest the policy will not be revived. I undertake to comply with all the formalities related to revival as may be prescribed by the Company. The revival will take effect only on it being specifically communicated by the Company to me. • I understand that the Company reserves the right to refuse the revival of the policy. In the event the policy is not revived due to any reason whatsoever, the Company shall refund the amount collected for the purpose of revival without any interest.

Comp/doc/Jun/2014/181

Acknowledgment Slip:

Received By _____

Application / Policy No. _____

Date

D	D	M	M	Y	Y	Y	Y
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STAMP & TIME

Note:

• This mandate will be applicable for revival of the policy/ policies mentioned above. • Request for cancellation of ECS/ Direct Debit facility has to be provided 15 days prior to the due date or the same would be effective from the next premium due date. • Requests for payment mode change to ECS/ Direct Debit has to be provided 30 days prior to the due date or the same would be effective from the next due date. • Data provided by the customer in the cancelled cheque and the proposal form may be used by the Company to complete the ECS Mandate in case required information has not been filled. • Please save this acknowledgment till the transaction is complete. • T h e application will be effected on receipt of this form at an ICICI Prudential authorized centre, subject to terms and conditions mentioned in the policy document. • In future, if customer opts out of ECS/ Direct debit mode there may be increase in premium amount. • ₹ 150/- per transaction will be recovered if the payment is dishonoured on due date of premium as per ECS mandate given. • For ULIP policies, the NAV applicable will be of the premium due date or premium received date, whichever is later.