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# Direct Debit Mandate

EXIDE Life Insurance

**All fields are mandatory and to be filled in CAPITAL LETTERS to enjoy convenient Auto Pay service.**

**Date:** D D M M Y Y

## POLICY DETAILS

I, here by unconditionally and irrevocably authorize the bank to debit my account for making premium payment to Exide Life Insurance Company Limited through Direct Debit as per the details given below.

**Policyholder's Name:***

Preferred Debit Date: 1 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐

In case the preferred date opted is less then 14 days from the premium due date, Exide Life Insurance Company would set the debit date to be the furthest preferred debit date.

For payments made through Direct Debit Mandate the Unit Price for fund allocation will be on the due date or date when premium is applied to the policy, whichever is later.

All monthly mode proposals/policies need to be in Direct Debit mode ONLY

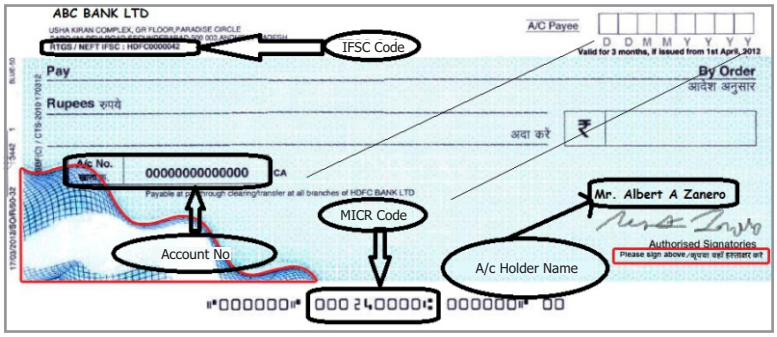
## DECLARATION

• I/We hereby declare that the particulars given in the direct debit mandate are correct and complete in all respects. If the transaction is delayed or not effected for incomplete or incorrect information or due to non-availability / insufficient funds in the said bank account, I will make alternative arrangements for payments of the said premium contribution and will not hold Exide Life Insurance Company Limited or Bank responsible for the same. • I/we authorize the representative of Exide Life Insurance Company Limited to get this mandate verified and executed. • I/We unconditionally and irrevocably authorize the bank to debit my account for charges towards mandate verification and transactions bounced as applicable. • I agree to any increase in deductions due to change in government regulations/ service tax rates/scheduled increase as per the product features or change in frequency of premium payment and authorize Exide Life Insurance Company Limited to effect it with the bank directly. No fresh mandate form will be required. • I hereby authorize Exide Life Insurance Co. to enable the ECS/Direct Debit facility for my premium payments and the instance of Direct Debit/ECS debit dishonor, to re-debit my account with the mentioned bank to recover the premium payable. • I understand that new mandate has to be submitted at the branch of Exide Life Insurance Company, 30 days prior to due date and clear all outstanding premiums by alternate payment method. And any alteration should be submitted 15 days prior to next premium due date • In the event of any error in premium debit from my account or procedure for above mentioned policies , my first point of contact would be Exide life Insurance Company Limited for rectification/resolution of the concern. • I understand that no premium notice / reminder or premium receipt will be sent for premiums paid through Direct Debit mode in Physical form. • If, I/we have not specified any account to receive amount payable on above policies, Exide Life Insurance Company Limited may credit the policy related payables to account specified in this mandate, provided policy is not assigned and owner details match bank records. • I wish to revive my policy/policies that are not inforce stage and mentioned in this mandate form, by way of deducting all outstanding premiums along with interest (not for linked products). • I understand revival of the policy may not only happen by paying outstanding premiums, and I shall comply with other requirements prescribed by the company for the same.

**Note:**
Please mention the debit amount as 10% higher than your current premium amount. This is to ensure the Direct debit request does not get dishonored if there are subsequent changes to any statutory or service tax announced by the Government of India. For example, if the current premium payable with service tax is Rs.1000, we request you to mention the amount as Rs. 1100 in the mandate. This is to prevent rejection/dishonor on account of any subsequent increase in service tax. The Amount debited will be the actual premium amount due.

☐ **I have attached Signed, personalized, cancelled cheque**

The Direct Debit Mandate request will get rejected if:
- There is correction/ cancellation /whitener used in the mandate.
- Cancelled cheque/ photocopy not attached
- Bank account details on the form do not match bank records




**Policy Holder Signature** (as per Policy)

**FOR BANK USE ONLY**

We certify that the bank particulars and the signature on the below mandate are correct as per our records and the account is active

**Bank seal and Signature of the Bank official along with the employee code**

Coll/DDM/Version 3.2


Call : 1800 419 8228 (TOLL FREE); +91 80 4134 5444 @ Email : customer.service@exidelife.in Visit : exidelife.in

Registered Office: Exide Life Insurance Company Limited, 3rd Floor, JP Techno Park, No.3/1, Millers Road, Bengaluru - 560 001.
(Formerly ING Vysya Life Insurance Company Limited) IRDAI Registration No. 114 CIN: U66010KA2000PLC028273


## DIRECT DEBIT DETAILS

EXIDE Life Insurance

UMRN for office use only DATE D D M M Y Y Y Y

Sponsor Bank Code for office use only Utility Code for office use only

| TICK(✓) | |
|---|---|
| CREATE | ✓ |
| MODIFY | X |
| CANCEL | X |

I/We hereby authorize **Exide Life Insurance Company Ltd.** to debit (tick✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c Number

with Bank (Name of customer bank) IFSC or MICR

an amount of Rupees ₹

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☐ As & when presented **DEBIT TYPE** X FIXED Amount ✓ Maximum Amount

Policy No Phone No.

Proposal No Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD
from D D M M Y Y Y Y
To D D M M Y Y Y Y
Or ☐ Until cancelled

Signature Primary Account holder (as per bank records) | Signature Joint Account Holder (as per bank records) | Signature Joint Account Holder (as per bank records)

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

• This is to confirm that the declaration has been carefully read, understood & made bye me/us. • I am authorizing the User entity/Corporate to debit my account. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation /amendment request to the user entity/ corporate or the bank where I have authorized the debit.

EXIDE Life Insurance

**INSTRUCTIONS TO FILL MANDATE**

- UMRN is auto generated during mandate creation and is mandatory to be updated durging amendment and cancellation of mandate. (Maximum length - 20 Alpha Numeric Characters)
- Date in DD/MM/YYYY format
- Sponsor Bank IFSC / MICR Code, left padded with zeroes where necessary. (Maximum length - 11 Alpha Numeric Characters)
- Utility Code of the Service Provider. (Maximum length - 18 Alpha Numeric Characters)
- Name of Service Provider
- Tick on Box to select type of account to be effected
- Customer's legal account number, left padded with zeroes. (Maximum length - 35 Alpha Numeric Characters)
- Name of Bank and Branch
- IFSC/MICR Code of Customer Bank. (Maximum length - 11 Alpha Numeric Characters)
- Amount payable or service or maximum amount per transaction that could be processed, in words. (Maximum length - 13 digit Numeric, in paise)
- Amount in figures, similar to the amount mentioned in words. (Maximum length - 13 digit Numeric, in paise)
- Policy number.
- Plan Name.
- Frequency of Transaction.
- Names of Customer/s and signatures as well as seal of company (where required). (Maximum length of Name - 40 Alpha Numeric Characters)
- Undertaking by Customer
- Telephone Number with STD Code of Customer
- 10 digit mobile number of Customer
- Mail ID of Customer
- I have understood that the bank,where I have authorized the debit, may levy onetime mandate processing charges as mentioned in their latest schedule of charges published by the bank.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized for debit