

LIFE INSURANCE CORPORATION OF INDIA

POLICYHOLDERS' MANDATE FORM FOR PAYING PREMIUM THROUGH ELECTONIC CLEARANCE SERVICE (DEBIT CLEARING)

1. (a) Name of the policyholder/s
(b) Policy Details :

Sr. No.	Policy No.	Name of the Insured Self &/or relatives	LIC's Servicing Branch Code	Mode	Due Date	Premium Amount	Debit Date Option *
1.							
2.							
3.							
4.							
5.							

(For more policies please give details in a separate Annexure)

(c) Address (if changed) _____

Do you want this address to be noted in your Policy records ? **YES/NO**

(d) Tel. No. Res : _____ Mobile No. _____
Off : _____
E-mail ID : _____

2. Particulars of Bank A/c (from which you want to pay the premium)

- (a) Bank Name _____
(b) Branch Name & Address _____
(c) Name of the Account Holder _____
(d) Account Type (Savings Bank Account/Current A/c or Cash/Credit) with code 10/11/13 _____
(e) Account Number (as appearing on the Cheque Book) _____
(f) 9 Digit MICR CODE NUMBER OF THE BANK AND BRANCH _____
(Attach a photocopy/cancelled leaf of your cheque)

I/we, hereby, declare that the particulars given above are correct and complete. I/we being the holder/s of the above policy/policies express my/our willingness to remit the premium/s referred to above through participation in ECS of National Clearing Cell of Reserve Bank of India and hereby authorise the Life Insurance Corporation of India to raise the debits on my/our Bank Account towards the said premium/s due referred above. If any transaction is delayed or not effected at all for the reasons of incomplete or incorrect information or non-availability of funds or closure of Accounts etc. I would not hold LIC or the user institution responsible. I understand that the first transaction after authorization may take one month time in getting the process commenced. I also understand that I can pay the premium only on behalf of my near relatives as prescribed by the Income-Tax Act,1961.

*** Normally premium will be debited on the last date of payment (that is due date + grace period) unless you specify an earlier date of debit.**

Certified that the Bank particulars furnished above are correct as per our records.		
Date :	Bank Seal	_____ Signature of the Bank Official

(one copy of the Form may be furnished to the Bank)

Date :
Place :

Signature/s of the Policyholder/s

Signature of the A/c holder
(in case the policyholder differs from that of the A/c holder)