

Mandate Form – Direct Debit / NACH

To,
The Branch Manager,
Bank Name _____
Bank Branch Name & Address _____

Date | D | D | M | M | Y | Y | Y | Y |

Ref: Authorization to pay IndiaFirst Life Insurance premium through Direct Debit (DD)/ NACH

Dear Sir/Madam,

I/ We undersigned authorize IndiaFirst Life Insurance Company Limited / their authorized service provider to debit my / our bank account through NACH / Direct Debit towards payment of my / our life insurance premium, as per the details provided below

Direct Debit

Application No. / Policy No.	Amount (₹) (in words)	Amount	Frequency (i.e. yearly/half yearly/Quarterly/Monthly)	Start Date	End Date

Name of the Account Holder _____
(As appearing in the Bank records)

Account No. _____ **Account Type** Savings Current
(Affixing of your proprietary firm / company stamp is mandatory, in case of a current account)

MICR Code (Applicable in case ECS payment) _____
(Is the 9 digit code on the cheque book issued by the bank. You are requested to attach a cancelled cheque for verification of the MICR Code)

IFSC Code (Applicable in case Non ECS payment) (If appearing on the Cheque book) _____

Mobile No. _____ **Email Id** _____

Request for Payment Mode change to NACH / Direct Debit OR Deactivation of NACH/DD mandate should be submitted 15 days prior to the due date or same would be effective from the next premium due date.

Declaration for Auto Debit

- If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/ we shall not hold the company responsible for such delay or non credit to my policy.
- In addition, I/We understand and agree that the premium amount to be debited from my/ our account may vary due to taxes and other statutory levies as may be applicable from time to time. I/ We also accept that the transaction will be effected to the policy on the due date (provided it is a working day).
- In case of an ECS/ direct debit dishonor, I/ We authorize IndiaFirst Life Insurance to re-debit my/our bank account with the mentioned bank to recover the premium payable.
- I hereby authorize IndiaFirst Life Insurance Co. Ltd. and their authorize service providers to debit my Bank Account directly or by NACH for collection of premium payments.
- I/We hereby agree to maintain adequate balance in the account stated herein for availing Direct Debit facility.
- I/We hereby authorize the Bank to debit my account towards charges for DD mandate verification if any applicable.

Yes, I/ we have attached a blank cancelled cheque Certificate of the Bank Named in the Mandate


It is certified that as per our records, the bank account particulars of the mandate above are correct and the signature of the bank account holder is true.

Bank Stamp _____ Signature of Authorized Bank official _____

DD mandate should be verified by bank branch and should have "Signature verified stamp" along with "fixed specimen signature number".

NACH / DD is automated facility which debits your premium from the bank account specified by you on your premium due date, except in case of a holiday.

Policyholder's Signature **Primary Account holder's Signature** **Joint Account holder's 1 Signature** **Joint Account holder's 2 Signature**
(If Primary Account holder differs from Policyholder)

	NACH Mandate	UMRN _____	Date D D M M Y Y Y Y						
Tick (✓) <input type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	Sponsor Bank Code CITI0000PIGW Utility Code CITI00002000000037	I/We hereby authorize IndiaFirst Life Insurance Company Ltd. to debit (tick✓) SB /CA /CC /SB-NRE /SB-NRO /Other							
Bank a/c number _____									
with Bank _____ Name of customers bank		IFSC _____	MICR _____						
an amount of Rupees _____ ₹ _____									
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							
Application No. _____		Mobile No. _____							
Policy 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 the 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 <input checked="" type="checkbox"/> Until Cancelled		<table border="0"> <tr> <td style="text-align: center;">X Signature Primary Account holder</td> <td style="text-align: center;">X Signature of Account holder</td> <td style="text-align: center;">X Signature of Account holder</td> </tr> <tr> <td style="text-align: center;">1. Name as in bank records</td> <td style="text-align: center;">2. Name as in bank records</td> <td style="text-align: center;">3. Name as in bank records</td> </tr> </table>		X Signature Primary Account holder	X Signature of Account holder	X Signature of Account holder	1. Name as in bank records	2. Name as in bank records	3. Name as in bank records
X Signature Primary Account holder	X Signature of Account holder	X Signature of Account holder							
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 by 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.

The maximum validity of NACH mandate is 30 Years. If the policy's premium paying term is greater than 30 years than we will need another mandate before the end of 30 Years.