

## Mandate Form – Direct Debit / NACH

To,  
The Branch Manager,  
Bank Name \_\_\_\_\_  
Bank Branch Name & Address \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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**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 35 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 to wards charges for DD mandate verification if anyapplicable.**

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

 <b>IndiaFirst</b> LIFE INSURANCE	<b>NACH</b> Mandate	UMRN _____	Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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 _____	Utility Code _____								
I/We hereby authorize <b>IndiaFirst Life Insurance Company Ltd.</b> to debit (tick✓) <input type="checkbox"/> SB /CA /CC /SB-NRE /SB-NRO /Other		Bank a/c number _____									
with Bank _____		IFSC _____	MICR _____								
an amount of Rupees _____		₹ _____									
FREQUENCY <input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <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 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y	Signature Primary Account holder _____	
D	D	M	M	Y	Y	Y	Y				
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D	D	M	M	Y	Y	Y	Y				
Or <input checked="" type="checkbox"/> Until Cancelled		Signature of Account holder _____									
1. _____		2. _____									
3. _____		3. _____									

- 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.