



Debit Mandate Form NACH/ECS/DIRECT DEBIT

UMRN																Date															
Sponsor Bank Code	CITI000PIGW															Utility Code	CITI00002000000037														
I/We hereby authorize	BHARTI AXA LIFE INSURANCE CO. LTD.															to debit (tick✓)	SB/CA/CC/SB- NRE/SB - NRO /Other														
Bank a/c number																															
with Bank	Name of customer's bank										IFSC						or MICR														
an amount of Rupees	Amounts in words															₹															
FREQUENCY	<input type="checkbox"/> Mthly <input type="checkbox"/> Qtrly <input type="checkbox"/> 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														
Policy No.																Phone No.															
Reference	NOT-APPLICABLE															Email ID															

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

PERIOD															
From															
To															
Or	<input checked="" type="checkbox"/> Until Cancelled														
	Signature of Primary Account holder														
	Signature of Account holder														
	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, based on the instruction as agreed and signed by me
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit

I wish to pay my premium to Bharti AXA Life Insurance Co. Ltd. through a debit to my account on of the calendar. Debit date can be opted from 1st to 28th. Please note debit date is not available for 29th, 30th and 31st

Instructions to fill Mandate:

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate. (Maximum length-20 Alpha Numeric Characters)
2. Date in DD/MM/YYYY format.
3. Sponsor Bank IFSC/MICR code left padded with zeroes where necessary. (Maximum length-11 Alpha Numeric Characters)
4. Utility Code of the Service Provider. (Maximum length-18 Alpha Numeric Characters)
5. Name of Service Provider.
6. Tick on box to select type of action to be initiated.
7. Tick on box to select type of account to be effected.
8. Customer's legal account number, left padded with zeroes. (Maximum length-35 Alpha Numeric Characters)
9. Name of Bank and Branch.
10. IFSC/MICR code of customer bank. (Maximum length-11 Alpha Numeric Characters)
11. Amount payable for service or maximum amount per transaction that could be processed, in words.
12. Amount in figures, similar to the amount mentioned in words. (Maximum length-13 digit Numeric, in paise)
13. Service Provider generated customer reference number.
14. Service Provider generated Scheme/Plan reference number.
15. Tick on box to select frequency of transaction.
16. Validity of mandate with date in DD/MM/YYYY format.
17. Names of customer/s and signatures as well as seal of Company (Where required). (Maximum length of Name-40 Alpha Numeric Characters)
18. Undertaking by customer.
19. Permanent ID of customer e.g. PAN/Aadhaar No.
20. Telephone no. with STD code of customer.
21. 10 digit mobile number of customer.
22. Mail id of customer.
23. On the Policyholder electing the option/mode to pay the renewal premiums, the same, unless revoked and/or modified by him/her subsequently by a 15 days prior written notice to the Company, shall be valid and binding on the Policyholder.
24. The Policyholder expressly understands and agrees that if two (2) successive payments/instructions in case of monthly premium payment mode or any one (1) payment/instruction in case of quarterly/ half-yearly/yearly premium payment mode, are not received/honoured, the Company reserves the right to automatically cancel/withdraw the facility forthwith without notice.
25. In case of ULIP policies, payments made on a non-working day or a holiday, NAV (Net Asset Value) applied would be of the next working day. However if the premium is received in advance, the amount will be adjusted on due date and the NAV would be applicable of due date.
26. I/We hereby authorise Bharti AXA Life Insurance Company Limited to debit the revised premium due, on account of change in service tax, education cess or any other charge levied, or by way of any change exercised as per the policy features.