



APPLICATION FORM FOR AUTO DEBIT (NACH) REGISTRATION

MANDATE INSTRUCTION FROM-
(Refer to instruction mentioned below before filling details)

UMRN¹

Date²

Tick (✓)³
☒ CREATE
☒ MODIFY
☒ CANCEL

Sponsor Bank Code Utility Code

I/We hereby authorize to debit (Tick)⁴ ☒ SB ☒ CA ☒ CC ☒ SB-NRE ☒ SB-NRO ☐ Others

Bank A/c number⁵

With Bank⁶ IFSC⁷ or MICR⁸

For an amount of Rupees⁹ ¹⁰ ₹

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☒ As & When presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Ref. 1/Application No.¹¹ Phone No¹³

Ref. 2/Policy No.¹² Email ID¹⁴

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. 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 of the bank where I have authorized the debit.

¹⁵ PERIOD (Office Use Only)
 From To

¹⁶ Signature of Primary Account Holder Signature of Second Account Holder Signature of Third Account Holder
¹⁷ Name as in Bank Records Name as in Bank Records Name as in Bank Records

In case of current a/c on company name please affix proprietor's stamp on above signature section.

Certification by account holder's bank

Certified that the above account is currently operational and the particulars furnished above are correct as per our records and we have noted the instructions.

Authorised Signatory

Bank Stamp

Date

Instructions to fill the form

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. UMRN- To be left blank for office use 2. Date in DD / MM / YYYY format 3. Create for new mandate (Don't overwrite) 4. Select the type of account to be debited 5. Your Bank Account Number for debiting the amount 6. Name of your bank 7. Your bank branch IFSC code (11 digit alphanumeric code). You can either refer to your cheque leaf for IFSC code or enquire at your bank about the same. 8. Your bank branch MICR code mentioned at the bottom of the cheque leaf. In case it begins with 000, please contact your bank for the MICR. | <ol style="list-style-type: none"> 9. Amount in words 10. Amount in figures 11. Application Number-To be left blank for office use 12. Mention the policy number (10 digit Numeric code) - Refer policy document. 13. Your mobile number 14. Your Email ID 15. Period- To be left blank for office use 16. Signature of Account Holder as per bank records. 17. Name of Account Holder <p>Note: Don't Overwrite the pre-filled options e.g. Field No 3: CREATE (Request type), FREQUENCY, DEBIT TYPE and PERIOD</p> |
|---|--|

General Terms & Conditions

- * The total premium amount is subject to change due to revisions in Goods & Service Tax and other levies as notified by the government from time to time.
- * NAV applicable for unit linked insurance plans will be as per the premium due date or preferred date whichever is later.
- * In case the application does not reach the Head Office at least 30 days prior premium due date, the same will be effective from the next premium due date after successful registration.
- * Request for cancellation of Auto Debit should reach the Head Office at least 15 days prior to the premium due date to avoid deduction of premium.
- * The account details provided for Auto Debit registration should belong to either Policyholder, Proposer or Life Assured. No third party payment is allowed for the same.
- * The company will not be responsible in case there is any delay in debit execution or any charges levied by the bank due to insufficient balance in policyholder's account.
- * Personalized Cancelled Cheque is mandatory along with this application form.
- * All the account holders name and signature is mandatory if the account is jointly operated.
- * Proprietor stamp is mandatory along with account holders signature if current account (Individual / firm/company account / Partnership).

Declaration by Policyholder

I / We hereby apply for Ageas Federal Life Insurance Co. Ltd. Auto Debit facility after having read and accepted all the Terms and Conditions mentioned herein. I/We hereby declare that the particulars given in this form are correct and complete. I also authorise the above mentioned bank to debit my account for any charges applicable for to this service.

Signature of Policyholder

☐ YES, I have enclosed Cancelled Cheque with Preprinted Account Holder Name & Bank Account Number.

Policyholders Name

☐ YES, I have enclosed Bank Account Statement / Pass Book Copy along with Cancelled Cheque (only if, A/C Details are not Preprinted on the Cancelled Cheque).