

REGISTRATION CUM MANDATE FORM FOR ECS (DEBIT CLEARING)

INSTRUCTIONS FOR FILLING UP THE FORM

1. This form is to be filled by the policyholder himself/herself in BLOCK LETTERS in black or blue ink.
2. Please tick a box/boxes where appropriate.
3. Please strike out parts, which are not applicable and write 'N/A'. Strokes of the pen, dots and dashes will not be accepted as relikes.
4. The proposer must sign any cancellation or alteration.

Authorization of customer to pay insurance premium of Bajaj Allianz Life Insurance Co. Ltd. through Electronic Clearing Service (Debit Clearing) of the Reserve bank of India

1. POLICY HOLDER INFORMATION

First name: [] Middle name: [] Surname: []

TELEPHONE NUMBERS (with STD Codes)

RESIDENCE: [] MOBILE: []

OFFICE: [] E-MAIL: []

Name

Contact No. and Email ID

Proposal No

Frequency Mode

2. POLICY DETAILS

APPLICATION NO. [] POLICY NO. [] RENEWAL PREMIUM AMOUNT []

FREQUENCY OF PREMIUM PAYMENT: YEARLY HALF-YEARLY QUARTERLY MONTHLY*

DUE DATES: [] OR Prefer date (Convenient debit date): []

POLICY TERM From: [] TO: []

Account Holder Name

Bank Name and Account No.

3. DETAILS OF BANK ACCOUNT

Account holders name (As per Bank Record): []

Joint / second account holder name: []

Bank: [] Branch: []

Account No.: []

Account type (Select one): Savings Current Fixed Deposit NRE/NRI

MICR Code .

4. DECLARATION

I agree and declare that my bank shall be advised of this authorization as per the enclosed letter. I also understand that the above instruction can be withdrawn / cancelled at the written consent of Bajaj Allianz Life Insurance Company for the payment of the premium due. I am also responsible for inclusion of interest, other charges and interest and other amount mentioned as premium. I hereby declare that the particulars given are correct and complete. I shall not hold Bajaj Allianz Life Insurance Company Limited responsible for the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, or non-availability of sufficient funds in my account or for any other reason beyond the Company's control. If there is any delay in the Company debiting the credit for such amount or if the Company does not debit credit for such amount for which the above amount is issued will be responsible and liable for the consequences and not hold the Company liable or responsible. This mandate shall be valid as the requisite authorization by me to the bank named in the mandate to debit my bank account which such amount as may be due as the insurance premium to be paid to the Company. I agree to discharge the responsibility expected of me as a participant under the scheme and also I am responsible for debit of amount from my account upto a limit as per the scheme due date.

5. TERMS & CONDITION

1. Payment shall be debited on the preferred date or the next business day if the preferred date is a holiday or in case clearing is not possible for any reason whatsoever on the preferred day.
2. N/A (Amount adjustment in policy is subject to credit received by Bajaj Allianz Life Insurance Co. Ltd. and shall be adjusted on the date of credit receipt or premium due date whichever is later)

Account Holder's Signature (as in Bank Records): [] Second Signature in case of Joint Holder (as in Bank Records): [] Policy Holder's Signature: []

If Cancelled Cheque / Bank Pass Book copy with MICR code provided, Bank Seal and Signature is not required

To be filled by Bank

I have verified the details furnished in the application and certify that they are correct as per our records

Branch: [] MICR No.: []

Bank Stamp: [] Signature of Authorised Bank Official: []

Note: We require a min of 5 working days, for activation of ECS.

Signature of the Policy Holder

Part B -> To be retained by your Bank

To: The Manager

Bank Name: [] Branch: [] Address: []

Account Holder Name: [] Account No.: []

Bajaj Allianz Life Insurance Company, I hereby authorize you to debit my Account No. [] towards my premium dues on my Bajaj Allianz Life Insurance Company Policy []

I further request you to inform Bajaj Allianz Life Insurance Company of any change in the details of my account which will be rendered above authorized for any reason whatsoever. I undertake to inform Bajaj Allianz Life Insurance Company of any change in my details to the bank named in the mandate.

* Account Holder's Signature: [] Policy Holder's Signature: []

(*) Only if Account Holder differs from Policy Holder

Date: []

Dear Sir, (The undersigned holds the policy number [] and wish to avail of the Electronic Clearing System offered by Reserve Bank of India / State Bank of India towards settlement of my Quarterly / Half yearly / Yearly Policy Premium payments in favour of []