Bajaj Allianz Life Insurance Company Limited
GE Plaza, Airport Road, Pune- 411 006. Tel(+91 20) 6602 6777, Fax (+91 20) 40111640

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 thus ☑ 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 replies.
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

2. POLICY DETAILS

	APPLICATION NO.	POLICY NO.	RENEWAL PREMIUM AMOUNT
1			
2			
3			

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

DUE DATES (D D M M Y Y Y Y) OR Prefer date (Convenient debit date) (D D M M Y Y Y Y)

POLICY TERM From (D D M M Y Y Y Y) TO (D D M M Y Y Y Y)

3. DETAILS OF BANK ACCOUNT

Account holders name (As per Bank Record)

Joint / second account holders name

Bank | Branch

Account No.

Account Type (tick One) ☐ Savings ☐ Current ☐ Cash Credit | MICR No.

4. DECLARATION

I agree and understand that my bank shall be informed of this authorisation as per the enclosed letter. I also understand that the above instruction can be withdrawn / cancelled after due intimation by giving an advance notice of two months and with the written consent of Bajaj Allianz Life Insurance Company for the payment of the premiums due. I am also agreeable for deduction of service tax, other charges and interest as and when required over and above the 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 if 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 Companies control. If there is any delay in the company obtaining the credit for such amount or if the Company does not obtain credit for such amount for which the above mand te is issued I will be responsible and liable for the consequences and not hold the Company liable or responsible. This mandate shall be treated as the requisite authorisation by me to the bank named in the m ndate to debit my bank account which such amounts as may be due as life 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 agreeable for debit of premium amount from my account upto 5 days earlier than the premium 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.NAV/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

To be filled by Bank

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

Branch | MICR No.

Date (D D M M Y Y Y Y)

Place

Bank Stamp | Signature of Authorised Bank Official

Note : We require a min. of 3 weeks time, for activation of ECS.

Part B ➢To be retained by your Bank

To,
The Manager

Bank Name

Branch

Address

Account Holder Name

Account No.

Dear Sir, I, the undersigned hold a valid 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

Bajaj Allianz Life Insurance Company, I hereby by authorise you to debit my Account No.: _____
towards my premium dues on my Bajaj Allianz Life Insurance Company Policy / policies.

I further request you to inform Bajaj Allianz Life Insurance Company of any change in the status of my account. Incase I wish to revoke the above authorisation for any reasons whatsoever, I undertake to inform Bajaj Allianz Life Insurance Company after giving an advance notice of two months in writing.

* Account Holder's Signature	Policy Holder's Signature

(* Only if Account Holder deffers from Policy Holder)

Date (D D M M Y Y Y Y)