Debit Mandate Form NACH/ECS/DIRECT DEBIT

UMRN (for office use only) | **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 Amount in words | ₹

FREQUENCY ☐ Daily ☐ Weekly ☐ Bi - Monthly ☐ Monthly ☐ Quaterly ☐ Half - Yearly ☐ Annually ☐ As & when presented

DEBIT TYPE ☐ Fixed Amount ☑ Maximum Amount

Phone No.

Policy No.

Email ID

Reference 1 | **Reference 2**

1. 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 the charges of the bank. 2. 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 the account, based on the instructions as agreed and signed by me. 3. 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. 4. I/We understand and accept that in case transaction/s initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act). Maximum period of validity of this mandate is 40 years only

From
To

1. Signature of Primary Account holder — Name as in bank records
2. Signature of Account holder — Name as in bank records
3. Signature of Account holder — Name as in bank records

Maximum period of validity of this mandate is 40 years only

- 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 due date of the policy. Please note the premium amount will get adjusted towards your policy on successful credit realization.

Instructions to fill mandate:

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancelation 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. Customer is advised to add 10% in the mandate amount in addition to the premium amount. This auto-debit mandate is activated for a higher maximum amount than the base premium to act as a buffer for potential statutory changes and interest penalties.
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 customers.
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/ cancel/withdraw the facility forthwith without notice. received/honored, the Company reserves the Names of customer/s and signatures as well as seal of Company (Where required). (Maximum length of Name-40 Alpha Numeric Characters) right to automatically quarterly/half-yearly/yearly premium payment mode, are not payment mode or any one (1) payment/instruction in case of instructions in case of monthly premium
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.
27. In case NACH/ECS/Direct Debit instruction is unsuccessful due to financial reasons, the NACH/ECS/Direct Debit instruction will be presented again for clearance.
28. As per the guidelines from National Payments Corporation of India (NPCI), a mandate can be issued for a maximum duration of 40 years from the date of issuance.

Bharti AXA Life Insurance Company Ltd. **IRDAI Regd. No. 130** dated 14/07/2006 [Life Insurance Business] Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai - 400051, Maharashtra. CIN No.: U66010MH2005PLC157108 | Toll free No.: 1800-102-4444 | Website: www.bhartiaxa.com | Comp-Nov-2026-7228