

ECS / Direct Debit Mandate Form

Policy Details

Kindly fill in BLOCK LETTERS only

| | | |
|--|--|----------------------------------|
| Policy Number: | <input type="text"/> | |
| Name of Policyholder: | <input type="text"/> | |
| | First Name | Middle Name |
| Premium Frequency: | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly | <input type="text"/> |
| | Renewal Premium (Rs.) | Max. Amount (Annual Premium Rs.) |
| "I wish to pay my premium to Bharti AXA Life Insurance Company Limited through a debit to my bank account on the 5th of the calendar month." | | |
| Premium payment through: | <input type="checkbox"/> ECS <input type="checkbox"/> Direct Debit | |
| Start Date: | <input type="text"/> | End Date: |
| | (Policy Issue Date) | (Last Premium Due Date) |

Policyholder Contact Details

| | | | |
|---------------------------|----------------------|--------------|----------------------|
| Landline No. (Residence): | <input type="text"/> | *Mobile No.: | <input type="text"/> |
| | (STD) (Phone) | (Mandatory) | |
| Landline No. (Office): | <input type="text"/> | Email ID: | <input type="text"/> |
| | (STD) (Phone) | | |

Bank Account Details

Note: Please attach an original cancelled cheque for the following account

| | | | |
|--|---|--------------|----------------------|
| Name of 1 st /Sole account holder: | <input type="text"/> | | |
| | First Name | Middle Name | Last Name |
| Regulatory provisions in the section of 'Manner of premium payments' states that the premium to be paid by E transfer / Standing Instructions from an account held in Proposer's / Policyholder's name | | | |
| Name of Joint account holder(s): | <input type="text"/> | | |
| | First Name | Middle Name | Last Name |
| Relationship to the Policyholder: | <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse | | |
| Bank Name: | <input type="text"/> | | |
| Branch: | <input type="text"/> | Account No.: | <input type="text"/> |
| Account Type: | <input type="checkbox"/> Savings <input type="checkbox"/> Current (For Company Current A/c, Company Stamp is mandatory) | | |
| MICR Code: | <input type="text"/> | | |

Service Acceptance

I/We hereby apply for the Bharti AXA Life Auto Premium payment facility after reading and accepting the terms and conditions appearing overleaf. I/We hereby declare that the particulars given in this form are correct and complete.

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.

| | | | |
|---|----------------------|---|----------------------|
| Signature I (Sole bank account holder) | <input type="text"/> | Signature II (Joint bank account holder) | <input type="text"/> |
|---|----------------------|---|----------------------|

Date: Place:

Signature Verification Request

| | |
|--------------------|----------------------|
| The Branch Manager | |
| Bank: | <input type="text"/> |
| Branch: | <input type="text"/> |

Dear Sir/Madam,

Sub: Mandate verification for Account Number

This is to inform that I/we have registered for availing the Auto Premium payment facility of Bharti AXA Life Insurance Company Limited. Such Payment will be made from the above mentioned account and be routed to you directly through the RBI's. Electronic Clearance Service in case of ECS & through the respective bank in case of Direct Debit I/We authorise the bank to honour all such instructions. I/We authorise the representative of the Company to get this mandate verified and registered with you. Mandate verifications charges (if any) may be charged to my/our account.

| | | | |
|---|----------------------|---|----------------------|
| Signature I (Sole bank account holder) | <input type="text"/> | Signature II (Joint bank account holder) | <input type="text"/> |
|---|----------------------|---|----------------------|

Date: Place:

Certification By Account Holder's Bank

We hereby certify that the above account is currently operational and the particulars furnished above are correct as per our records.

Date:

Bank Stamp

Signature of
authorised official of bank

Vernacular Declaration

DECLARATION* IN CASE THIS ECS / DIRECT DEBIT MANDATE FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN VERNACULAR LANGUAGE:

Declaration by Policyholder:

I hereby declare that the contents in the form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded as per the information provided by me.

Thumb Impression/Signature of the Policyholder

Declaration by person filling the form:

I have explained the contents of this form to the Policyholder in _____ language and I have correctly recorded the answer provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Declarant's Name:

First NameMiddle NameLast Name

Declarant's Address:

CityStatePin Code

Date of Birth:

Declarant's Signature:

Date:

Place: _____

*"The person giving this declaration can be any person other than Introducing Advisor or MOA or MOM."

TERMS AND CONDITIONS:

The Auto Premium payment facility ("facility") is offered by Bharti AXA Life Insurance Company Limited ("the Company") under arrangement with the Bill Desk Service of Indiaideas.com Limited (the Service) in case of ECS option or TechProcess Solutions Ltd. in case of Direct Debit Option.

1. These terms and conditions form an unconditional agreement between the Policyholder/Bank Account Holder and the Company and/or the Service. By exercising the option to avail the facilities, the Policyholder/Bank Account Holder acknowledges having understood and accepted these terms and conditions.
2. By opting for the facility, the Policyholder/Bank Account Holder elects to make the payment of renewal premiums to the Company from the designated bank account, through the Service or any other payment utility site that the Company may tie up with from time to time.
3. The instructions are valid till the Company receives instructions to the contrary in writing to the bank with a copy to the Company.
4. ECS / Direct Debit option is a mandate to automatically pay your renewal premiums by debit to the bank account specified by you, on/around the due date.
5. 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 30 days prior written notice to the Company, shall be valid and binding on the Policyholder. The Policyholder agrees that he/she shall remain liable for all the instructions and transactions that have been processed or are under process through the designated account prior to the date of Policyholder obtaining Company's acknowledgement to the said Notice.
6. The Company would be entitled, at its sole discretion, to seek offline written or other confirmation from the Policyholder on renewal premium payments as it may in its discretion deem fit.
7. The records of the Company and/or the Service, on the renewal premium payments, maintained through computer systems or otherwise, shall be accepted as conclusive and binding for all purposes and shall be conclusive proof of the genuineness and accuracy of the same and the binding for all purposes and can be used as evidence in any proceedings.
8. The Policyholder acknowledges that he/she is eligible to avail the facility and agrees to provide true, accurate, correct and complete information as required by the Company and to keep the same updated and current at all times.
9. The Policyholder agrees that the facility will be available to him/her, subject to and upon receipt of confirmation by the Company and/or the Service from the Policyholder's bank of the details furnished by him/her in the application.
10. The Policyholder agrees that the Premium Payment Notice will not be sent as the amount will be debited to the account.
11. 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.
12. The Policyholder further agrees that the Company and/or the Service will not be responsible or liable if it is unable to effect any of his/her payment instructions owing to (a) incomplete, inaccurate, invalid or delayed submission of details by Policyholder, (b) insufficient funds to cover Policyholder's transactions, (c) encumbrance or charge on Policyholder's account, or (d) events beyond the control of the Company and/or the Service.
13. The Policyholder agrees that in the event he/she is dissatisfied with any portion of the facility or with any of the terms and conditions or alterations thereto, his/her sole and exclusive remedy is to discontinue the use of the facility, subject to the following conditions:
 - a. The option to discontinue with the ECS / Direct Debit facility is available only to policies on half-yearly & yearly premium payment mode.
 - b. For policies on monthly & quarterly premium payment mode, ECS / Direct Debit facility is mandatory. However, if the policyholder wishes to discontinue from the ECS / Direct Debit facility, he/she has to switch from monthly/ quarterly premium payment mode to half-yearly/yearly premium payment mode. For further details, please refer Policy Bond.
14. The Policyholder agrees that he/she shall not use the facility for any purpose that is unlawful or prohibited by these terms and conditions.
15. Notwithstanding what is mentioned hereinabove, it is understood that the Company is extending such facility to make it convenient for and facilitate the Policyholder to pay the renewal premiums and it is further acknowledged that the onus and liability to make such payments within the due dates specified in the relevant Policy Bond(s) vest solely and absolutely with the Policyholder. In the event of there being insufficient balance in the designated account to process the payment amount, the Bank may levy charges on to the account. The Company reserves the right to reject/withdraw the facility without assigning any reason.
16. The Policyholder agrees that in the event, where there is a debit failure in the first instance due to "Insufficient Funds" the debit instructions will be represented within 10 working days.
17. 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.
18. Initial premium should be paid by cheque of the same bank account from where the ECS / Direct Debit facility will be opted. Initial payment through Cash/DD is not allowed.
19. In event where original cheque submitted along with mandate form is a non-personalised cheque (where account holder's name is not printed on the face of the cheque) the Policyholder agrees to provide any of the following documents along with such cheque.
 - a. Last 3 months bank statement copy
 - b. Pass book copy with latest transaction
 - c. Letter from his/her bank confirming bank account details

Bharti AXA Life Insurance Company Ltd.

Regd. Office: Unit 601 & 602, 6th Floor, Raheja Titanium, Off Western Express Highway, Goregaon (E), Mumbai 400 063. Regn. No.: 130. Comp-Dec-2011-1789.

 **1800-102-4444**  **SMS SERVICE to 56677** We will be in touch within 24 hours to address your query  **www.bharti-axalife.com**