AUTHORISATION FOR PAYMENT THROUGH CREDIT CARD

ICICI PRUDENTIAL LIFE INSURANCE

☐ **STANDING INSTRUCTION**
Please tick if you would like to choose to auto-debit subsequent premium payments on your credit card

☐ **ONE-TIME PAYMENT**
Please tick if you would like to debit only this current premium amount due on your credit card

Guidelines

- I hereby agree to make payments of premiums to, and authorise ICICI Prudential Life Insurance Company ("the Company") to debit the given Credit Card account with the amount of the premium as would be applicable for the insurance plan and policy for the term chosen by me and obtaining the credit of such amount in favour of the Company.
- For Standing Instruction, I hereby authorise the Company to continue debiting the Credit Card account with the amount of the subsequent premiums as applicable under the insurance plan and policy obtaining the credit of such amount in favour of the Company for the duration of the insurance plan and policy, subject to the terms and conditions under the policy.
- I understand and agree that the risk under the insurance plan and the policy will be assumed by the Company only after my credit card account is debited with the amount of the premium and not earlier. I understand and agree that non-receipt in case of the first premium payable under the policy shall result in the policy becoming void, whereas in respect of subsequent premiums shall result in lapsation of the Policy, such lapsation being governed by the terms and condition of the policy.
- I hereby agree and confirm that the Credit Card issuing bank is not acting as an agent of the Company or myself in accepting the debit to the Credit Card account with the premium amount(s), or otherwise dealing with the premium amounts(s) payable under the policy, in any manner.
- I understand and agree that in the event my Credit Card account expires, or is not renewed by me for any reason, I shall comply with the Company's direction in ensuring that any premium amount payable by me is paid to Company through any of the modes of payment prevailing and made available by the Company at that point of time.

Name of the Proposer: Salutation | First Name | Surname

Contact Nos.: STD | Residence | STD | Office | Ext. | ISD | Mobile

E-Mail ID:

Contact details mentioned above will be updated in our records and henceforth be used for all future communication.

	Policy Number(s)	Amount		Policy Number(s)	Amount
1.			3.		
2.			4.		

Total Amount

VALID ONLY FOR STANDING INSTRUCTION.
(To be filled in by Branch personnel.)
Disclaimer: The above mentioned amount is subject to any changes in charges approved by the regulator.

Card Issuing Bank:

Credit Card No.: **Card Expiry date:** M M Y Y

In the event of the above mentioned expiry date changing, a fresh from for authorisation of payment through credit card will have to be submitted at any of the ICICI Prudential Life Insurance Company Ltd branches.

I hereby confirm that where I am making a payment through a credit card, the card used is in my own name.
Please note that this is a requirement of the Regulations 3(d), IRDA (Manner of receipt of Premium) Regulations, 2002.

Time Stamp

Signature of Policyholder

Notes:

1. Please enclose a photocopy of the front side of your credit card.
2. We accept only VISA, AMERICAN EXPRESS & MASTER CARD.
3. The premium due will be collected on the respective due date.
4. The company reserves the right to make all payouts to the customer by way of reversing the collection transaction to the credit card account or making a separate payment and shall not be held responsible for any losses caused due to the same.

VALID ONLY FOR ONE-TIME PAYMENT

Swipe Amount: (To be filled in by Branch personnel)

Applicable only for the Credit Card data above

The swipe amount is valid only for this current payment. In case of Standing Instruction, ICICI Prudential Life Insurance Company reserves the right to debit the credit card with amount as applicable at that point of time and obtaining the credit for the same.

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CUSTOMER ACKNOWLEDGEMENT

(To be torn, stamped, signed and given to customer)

	Policy Number(s)	Amount		Policy Number(s)	Amount
1.			3.		
2.			4.		

Card Issuing Bank:

Credit Card No.: **Card Expiry date :** M M Y Y

Amount: **Rs.** .

Amount (In Words): **Rs.**

- This is to acknowledge that you have opted for premium payment for the above mentioned policy/proposal through the credit card (card details mentioned above).
- Amount would be applied to the policy/proposal subject to realization of the same by ICICI Prudential Life Insurance Company

Branch Stamp & Signature