## ADVISOR'S BANK ACCOUNT / NEFT MANDATE FOR COMMISSION CREDITS



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ICICI Prudential Life Insurance Co. Ltd.

| From                        |      |  |  |  |  |  |  |      |      |     |      |    |    |     |      |     |     |      |      |      |      |      |      |      |      |      |      |                   |       |      |    |
|-----------------------------|------|--|--|--|--|--|--|------|------|-----|------|----|----|-----|------|-----|-----|------|------|------|------|------|------|------|------|------|------|-------------------|-------|------|----|
|                             | <br> |  |  |  |  |  |  |      |      |     |      |    |    |     |      |     |     |      |      |      |      |      |      |      |      |      |      |                   |       |      |    |
| Agent Code                  |      |  |  |  |  |  |  |      |      |     |      |    |    |     |      |     |     |      |      |      |      |      |      |      |      |      |      |                   |       |      |    |
| Bank Account Number         |      |  |  |  |  |  |  |      |      |     |      |    |    |     | ] (B | ank | Ace | cou  | nt v | /her | e th | e ao | dvis | or i | s or | ie o | f th | e joi             | int h | ıold | er |
| Name of Bank Account Holder |      |  |  |  |  |  |  |      |      |     |      |    |    |     |      |     |     |      |      |      |      |      |      |      |      |      |      |                   |       |      |    |
| Bank Name                   |      |  |  |  |  |  |  |      |      |     |      |    |    |     |      |     |     |      |      |      |      |      |      |      |      |      |      |                   |       |      |    |
| Branch Name                 |      |  |  |  |  |  |  |      |      |     |      |    |    |     |      |     |     |      |      |      |      |      |      |      |      |      |      |                   |       |      |    |
| NEFT IFSC Code              |      |  |  |  |  |  |  | (Арј | olic | abl | e in | NC | ON | CIC | l Ba | ank | Loc | atio | ons  | only | y. N | /lan | date | ory  | for  | NEF  | FT F | <sup>:</sup> acil | lity) |      |    |

I, hereby declare that the particulars given above are correct and complete.

**Disclaimer for NEFT Facility**: I understand that the instruction to the bank for direct credit will be given by ICICI Prudential Life Insurance and such instruction will be adequate discharge of company towards commission proceeds. In case of bank not crediting my Bank account with/without assigning any reasons thereof or if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold ICICI Prudential Life Insurance Co. Limited responsible. Further, the aforesaid company reserves the right to issue a demand draft / payable at par cheque in spite of opting for Direct Credit option. I have read the instructions and agree to discharge the responsibility of me as a participant under the Direct Credit arrangement.

I hereby declare that the contents of the Bank account Mandate format has been filled by me and the information provided by me is True and correct in all aspects.

I------ (UM) hereby declare that I have seen and verified the original documents of the above mentioned Advisor.

| Advisor name                                | UM name/ Employee ID          | Branch Executive name/ Employee ID |
|---|-------------------------------|------------------------------------|
| Signature of the Advisor                    | Signature Of UM               | Signature Of Branch Executive      |
| FOR OFFICE USE ONLY:                        |                               | STAMP<br>&<br>TIME                 |
| Spaarc Call ID                              |                               | 0018                               |
| Scanning Cabinet                            | _ Received By                 | STAMP CO<br>& CO<br>TIME           |
| Remarks                                     |                               |                                    |
| ACKNOWLEDGEMENT SLIP                        |                               |                                    |
| Advisor Code                                | Date DDMM_YYYY                |                                    |
| Branch Name:                                |                               |                                    |
| Received By                                 |                               | STAMP<br>&<br>TIME                 |
| Documents Submitted Copy of cancelled check | ue Copy of the Bank statement |                                    |
| Authorized Bank Letter                      | confirming the Bank Account   |                                    |