19S APPLICATION FOR ECS PREFERRED DATE

ICICI PRUDENTIAL LIFE INSURANCE

Policy Number | | | | | | | | | **Date** D D M M Y Y Y Y

Barcode

Premium Due Date D D M M Y Y Y Y **Preferred Account Hit Date** D D

Name of the Proposer Mr./Ms./Mrs. First Name Surname

Contact Nos. STD Residence STD Office Ext. ISD Mobile

E-Mail ID

Please select your preferred debit date:

PTD	Dates Offered (Greater than PTD (Paid to Date))												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
2	3	4	5	6	7	8	9	10	11	12	13	14	15
3	4	5	6	7	8	9	10	11	12	13	14	15	16
4	5	6	7	8	9	10	11	12	13	14	15	16	17
5	6	7	8	9	10	11	12	13	14	15	16	17	18
6	7	8	9	10	11	12	13	14	15	16	17	18	19
7	8	9	10	11	12	13	14	15	16	17	18	19	20
8	9	10	11	12	13	14	15	16	17	18	19	20	21
9	10	11	12	13	14	15	16	17	18	19	20	21	22
10	11	12	13	14	15	16	17	18	19	20	21	22	23
11	12	13	14	15	16	17	18	19	20	21	22	23	24
12	13	14	15	16	17	18	19	20	21	22	23	24	25
13	14	15	16	17	18	19	20	21	22	23	24	25	26
14	15	16	17	18	19	20	21	22	23	24	25	26	27
15	16	17	18	19	20	21	22	23	24	25	26	27	28
16	17	18	19	20	21	22	23	24	25	26	27	28	29
17	18	19	20	21	22	23	24	25	26	27	28	29	30
18	19	20	21	22	23	24	25	26	27	28	29	30	31
19	20	21	22	23	24	25	26	27	28	29	30	31	1
20	21	22	23	24	25	26	27	28	29	30	31	1	2
21	22	23	24	25	26	27	28	29	30	31	1	2	3
22	23	24	25	26	27	28	29	30	31	1	2	3	4
23	24	25	26	27	28	29	30	31	1	2	3	4	5
24	25	26	27	28	29	30	31	1	2	3	4	5	6
25	26	27	28	29	30	31	1	2	3	4	5	6	7
26	27	28	29	30	31	1	2	3	4	5	6	7	8
27	28	29	30	31	1	2	3	4	5	6	7	8	9
28	29	30	31	1	2	3	4	5	6	7	8	9	10
29	30	31	1	2	3	4	5	6	7	8	9	10	11
30	31	1	2	3	4	5	6	7	8	9	10	11	12
31	1	2	3	4	5	6	7	8	9	10	11	12	13

Please Note:

1. This is a servicing request only
2. The preferred account hit date is for purpose of premium debit only.
3. NAV applicable on the account hit date would allotted to the policy account
4. All policy benefits would be applicable as per the premium due date mentioned in the policy document
5. All account details related to ECS debit would remain the same (as provided in the ECS mandate)

Signature of Proposer

FOR OFFICE USE ONLY:

☐ **ER** **Request submitted by** ☐ **C** ☐ **S** ☐ **CR** ☐ **CS**

Spaarc Call ID _____ **Date** D D M M Y Y Y Y

Scanning Cabinet _____ **Received By** _____

Remarks _____

STAMP & TIME

ACKNOWLEDGEMENT SLIP

Policy Number | | | | | | | | **Date** D D M M Y Y Y Y

Name of Proposer: _____

Branch Name: _____

Received By | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

STAMP & TIME