Mandate form



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	Sponsor Bank C	ode		Utility Code	е						
	hereby authorize	ICICI PRUDENTIAL	LIFE INSURANCE CO	MPANY LIMITED	to d	lebit (tick	√) SB/C/	A/CC/SB-	NRE/S	B-NRO/	Other
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with Bank			IFSC			or	MICR				
an amount of Rupe	ees							₹			
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Reference 1 App	olication / Policy No. 1				Phone No.						
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PERIOD		1					g				
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To XX		*NAME 🗘	Name of Primary Acco	ount Holder	Name o	f Joint Acco		Name			lolder :
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✓ Yes, I have atta	ached a blank cancell	ed cheque/ Photocopy	y of the same					BS G : SAVING ACCOUNT		DATE	
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• This mandate will be applicable for revival of the policy/ policies mentioned above. • Request for cancellation of ACH/Direct Debit facility has to be provided 15 days prior to the due date or the same would be effective from the next premium due date. • Requests for payment mode change to ACH/Direct Debit has to be provided 30 days prior to the due date or the same would be effective from the next due date. • Data provided by the customer in the cancelled cheque and the proposal form may be used by the Company to complete the ACH/Direct Debit Mandate in case required information has not been filled. • Please save this acknowledgment till the transaction is complete. •The application will be effected on receipt of this form at an ICICI Prudential authorized centre, subject to terms and conditions mentioned in the policy document. •In future, if customer opts out of ACH/ Direct debit mode there may be increase in premium amount. •*15U/- per transaction will be recovered if the payment is dishonoured on due date of premium as per ACH/Direct Debit mandate given. •For ULIP policies, the NAV applicable will be of the premium due date or premium received date, whichever is later.