Mandate form - Secondary SI		
UMRN	Office use chiy	
Sponsor Bank Code	SCBL0036001	Create Modify Cancel
UMRN Office Lse only Date Date Image: Concel Sponsor Bank Code SCBL0036001 Image: Create Modify Cancel Utility Code SCBL00048000011888 I/We hereby authorize ICICI PRUDENTIAL LIFE INSURANCE COMPANY LIMITED Image: Concel To debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other Bank a/c number IFSC / MICR Image: Concel Image: Concel With Bank IFSC / MICR Image: Concel Image: Concel Image: Concel Image: Concel Image: Concel Yes SB/CA/CC/SB-NRE/SB-NRO/Other Bank a/c number Image: Concel Image: Concel Image: Concel Image: Concel With Bank IFSC / MICR Image: Concel		
To debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other	Bank a/c number	
With Bank IFSC / MICR IFSC / MICR An amount of Rupees T		
An amount of Rupees Image: Comparison of Rupees Debit Type Fixed Amount Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupees Image: Comparison of Rupee		
Beference 1 Application / Policy No. 1		
	es by the bank whom I am authorizing to debit my acco	
the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/ amendment request to the user entity/corporate or the bank where I have authorized the debit.		
	Signature Signature	Signature
Phone No 1	Name of Primary Account Holder 2. Name of Joint Account	Holder 1 3. Name of Joint Account Holder 2
Yes, I have attached a blank cancelled cheque	e/ Photocopy of the same	
#ACCOUNT HOLDER'S NAME IS MANDATORY	PAY	CBS PERSONAL BANKING : SAVING ACCOUNT DATE
The ACH/ Direct Debit request will get rejected if: 1. The above account details do not tally with your bank re	rupees	OR BEARER
attached 2. Overwriting on Account No., MICR Code and A/c Holder No.	SBGEN AK	005070123756 Bank
**Max. Amount not to exceed 150% of model premium amou	Probhadevi Bran Ground Floor, Ka	Limitea SANJEEV KUMAR A Academi, Ravindra Notiya Mandir nai - 400 028 RTGS / NEFT IFSC Code : ICIC0000057
** Higher amount is to be written to accommodate any increase in premium due to changes in Applicable Tax, scheduled increase as per product specification and change in frequency payment		
* The preferred account hit date is for purpose of premium debit only. * For ULIP policies, the NAV applicable will be of the premium due date or premium received date, whichever is later.		
DECLARATION: • I wish to avail of the Direct Debit facility and hereby express my unconditional consent to debit premium of my policy referred to above through participation in Automated Clearing House (ACH)/Direct Debit. Lunderstand and agree that premium amount to be debited from my account may vary due to taxes and other statutory levies as may be applicable from time to time. • I hereby declare that the particulars given are true, correct and complete. I understand and accept that the transaction will be effected on the policy on the due date (provided the day is working day). If any transaction(s) is/are delayed or not effected or dishonoured for any reasons attributable to the information/instructions shared by me/us, or rejection/delay by the bank(s) for the reason whatsoever, I shall not hold the user institution (Company) responsible for any damages/compensation/claims for any loss that may be incurred. I agree to discharge the responsibility expected of me as a participant under the scheme. I take full active and until Igive a written request for cancellation of ACH/Direct Debit. • I hereby authorize ICICI Prudential Life Insurance Company Ltd., to enable the ACH/Direct Debit facility for my premium payments and in the instance of Direct Debit /ACH debit dishnor, to re-debit my account with the mentioned bank to recover the premium paydele I facility for my premium payments and in the instance of Direct Debit /ACH debit dishnor, to re-debit my account with the future, if I opt out of ACH/Direct Debit mode there may be increase in premium amount • I hereby understand, that I can chose detach the ACH/Direct Debit Mandate form both my primary and/or secondary scondary bank account if a secondary accounts. I further understand that detachment of ACH/Direct Debit mode may result in increase in premium amount • I understand and agree that the Bubmission of this form does not mean that the request will be percessed. I understand that any payou under the policy shall be strictly in accordance		
Acknowledgment Slip:		STAMP & TIME
Received By		
Application / Policy No.		
 Note: This mandate will be applicable for revival of the policy/ policies m or the same would be effective from the next premium due date. 	entioned above. • Request for cancellation of ACH /Direct Debit faci	

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. • 150/- 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.