## **7S APPLICATION FOR ELECTRONIC PAYOUT MODE**



cancelled cheque having A/c No All future communication will b is updated with us. The Compan	form, please provide a copy of Policy holder's (Proposer) self attested photo identity proof & a Additional documents may be required for verification at the discretion of the branch.  Be sent to the mailing address which is registered with us. Please ensure that your correct address y will not be liable for any loss arising from non receipt of communication.  To will apply to all policies held by you with ICICI Prudential where no mandate is currently attached.	Barcode
Policy Number		Date   D   D   M   M   Y   Y   Y   Y
Name of Proposer		Surname
Contact Nos.		
E-Mail ID STD	Residence   STD   Office   Ext.   ISE	D Mobile
All fields are mandatory. (Atleast	one contact no. is mandatory for processing your request. The Contact details mentioned above will be updated	for all future communication)
PAYMENT DETAILS Please select one of the following payout options:		
Direct Credit (This will be a direct transfer to your bank account)  Cheque Dispatch (Will be sent to the communication address as per Company records)		
Name of Bank Account H	older	
Bank Name		
Branch Name		
Bank Account Number		
Bank Account Type	Savings Current	PROFESSIONAL REMEMBERS. 444 MEDICACIONET DATE
	TARPES	Tis.
MICR Code	(You can get this code from your cheque book) >>	
	GG gark Link	CO Service Sept. Great Service
IFSC Code	(You can get this code from your bank)>>	roseanur kodzenokan sobjesk sk
Note:  • Lunderstand and agree that the submission of this form does not mean that the request will be processed. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also any payment under shall be subject to realisation of the last renewal premium payment.  • I hereby declare that the particulars given in this form are true, correct and complete in all aspects.  • I take full responsibility of genuineness and correctness of the details filled herein.  • If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information, I shall not hold the company responsible in any manner whatsoever.  • Further, I understand that the company shall not be held responsible for any non receipt of payment on account of wrong/ incorrect/ incomplete information given by me in this form.  • I also understand and agree that the Company reserves the right to use any alternative payout option.  • Payout will be made to Savings Account only.  • Bank account number provided in this form should match with the account number appearing on the cheque. The account number must be pre-printed.  • I/We further confirm that the account details provided herein are not pertaining to NRE account and NRE payouts will be processed by cheque only.  • I/We understand and agree to inform ICICI Prudential with an advance notice of 6 weeks; in case I/we desire to change my bank details or withdraw the current mode of payment due to any reason, however, ICICI Prudential shall retain the right to accept/reject this in case the revised bank details are not enabled under this NEFT Framework. In case details are not submitted 6 weeks in advance, then any payments falling due in the interim period shall be processed and sent by the Company by way of cheque at your communication address last registered with us. This mandate shall then be used for future payments, if any.  • I/We understand and agree that for cases where the payout cannot be processed via		
FOR OFFICE USE ONLY:		
ER Request submitted	I by C S CR CS	
Spaarc Call ID	Date	STAMP &
Scanning Cabinet	Received By	TIME
ACKNOWLEDGMENT S This is to acknowledge the re Direct Credit Policy Number Received By	LIP  cecipt of application for payout mode:  Cheque Dispatch  Date D M M Y Y Y Y  ate request will apply to all policies held by you with ICICI Prudential where no mandate is currently attached.	STAMP & TIME

- 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.
- $\bullet \ \ \text{Please contact any of our touch points to know more about any of the Payout Modes mentioned above}.$