



NACH MANDATE INSTRUCTION

UMRN Date

Tick CREATE MODIFY CANCEL
 Sponsor Bank Code Utility Code
 I/We hereby authorize **HDFC LIFE** to debit (tick) **SB/CA/CC/SB-NRE/SB-NRO/OTHER**

Bank a/c number
 with bank IFSC or MICR

an amount of Rupees

FREQUENCY MONTHLY Qtrly H. Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference No. 1 Mobile No.

Reference No. 2 Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD
 From Signature Primary Account holder
 To Signature Primary Account holder
 Or Until Cancelled 1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- 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.
- 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.

DECLARATION:

1. I/ We hereby declare that the particulars given above are correct and complete. 2. I/We hereby declare that in case of a third party account holder, a KYC form of the account holder shall be submitted. 3. I/ We undertake to keep sufficient funds in the account mentioned in the mandate as on the date of execution of debit. 4. I/ We hereby authorise the Bank / Tech Process Solutions Ltd / Bill desk / any other intermediaries to communicate my / our funding account number and any other account details (as may be necessary) to HDFC Life Insurance Company Limited (HDFC Life) for the specific purpose of recovering my/ our HDFC Life premium payments through a debit instruction to my/ our account. 5. I/ We hereby authorise HDFC Life, in the instance of the ECS/SI/DD/NACH failing for any reason, to authorise the Bank/ Tech Process Solutions Ltd /Bill desk to recover the premium payable through a direct debit to my/our account with the mentioned bank. 6. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I will not hold HDFC Life, the Bank or the other Intermediaries responsible. 7. I/ We agree that for changing the premium amount as per my requirement, I/ We will furnish a fresh mandate for such change in the premium amount, which will supersede all other mandates previously given. 8. I/ We agree that in the event of any violation by me/ us of any undertaking confirmed in the agreement herein, shall amount to an event of default in the terms of the Insurance Policy and HDFC Life shall be entitled to invoke the remedies available to it in terms of the policy agreement. 9. I/ We agree that in the event of the Bank being unable to debit my account for want of sufficient funds or for any other reason, HDFC Life shall be entitled to deal with my policy in the manner as described in the policy provisions, unless the payment is received by any alternate mode on or before the specified date. 10. I/ We hereby authorise my/ our Bank to debit my/ our account with the amount of service tax and other levies as may be stipulated by the Government, from time to time, on the premium stated above and for this purpose, no further or revised authority is required by my/ our Bank. 11. I/We hereby authorise that in the instance of a transaction failure towards an ECS request, HDFC life can represent twice the transaction to my /our account for realising this premium. 12. I/ We wish to avail the ECS/SI/DD/NACH facility and hereby express my unconditional consent to debit premium of my policy to above through participation in Electronic Clearing System (ECS)/ Direct Debit. I/ We understand and agree that premium amount to be debited from my account may vary due to taxes and other statutory leaves as may be applicable from time to time. 13. I/ We understand and accept that the transaction will be effected on the policy on the due date (provided the day is a working day). I/ We agree to discharge the responsibility expected of me/ us as participants under the scheme. I take full responsibility of correctness of the details filled herein. 14. I/ We authorise the above mentioned bank to debit my bank account if my/ our ECS mandate is active and until I give a written request for cancellation of ECS/SI/DD/NACH. 15. In the future, if I/We opted out of ECS/Direct Debit mode there may be an increase in premium amount. 16. I/ We understand and agree that the submission of this form does not mean that the request will be processed. I/ We understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also, any payment shall be subject to realisation of the last renewal premium payment. 17. I/ We also understand and agree that the Company reserves the right to use any payout option. 18. For SI with HDFC Bank/Ratnakar Bank, premium will be debited from your account on the debit date. However, if the 1st attempt is unsuccessful, 3 more attempts will be made within grace period. 19. I/ We authorise the above mentioned bank to debit the amount from my bank account if my ECS/SI/DD/NACH is active, until I give a written request for cancellation of the Mandate. 20. Contact details provided herein will be updated for all future communications. The above mentioned contact number/Email will be considered as consent to communicate with him / her on the contact details provided herein.

Important Note:

1. Any cancellation, correction, alteration etc. should be countersigned by the Account Holder. 2. For SI cases (HDFC Bank/Ratnakar Bank), the NAV allotted will be the date on which the bank gives a confirmation of the debit. 3. For ECS, NAV would be allocated on the basis of the debit date. 4. Direct debit facility (non ECS location) is offered by ICICI Bank, Citibank, Union Bank of India, Bank of Baroda, State Bank of India, Axis Bank and Punjab National Bank only. 5. For Direct Debit, NAV will be provided for the day when the payment is received in the HDFC Life account. 6. Request for de-activation of Auto debit facility has to be submitted at least 15 days prior to the next premium due date. 7. The premium will be debited starting from the premium due date which occurs after the date of this mandate. Till the last premium due date unless the mandate is revoked. 8. In case of any increase or decrease in premium amount due to changes in payment frequency or any policy related changes including reduction in premium*, the existing debit instruction will be de-activated. Hence, a fresh Auto Debit Mandate is required to be submitted at any HDFC Life branch at least 30 days prior to the next premium due date. 9. In case of PBD option the NAV will be allocated as per preferred billing date and not premium due date. 10. Grace period in case of PBD will start from premium due date only and not from Preferred billing date. 11. Max. Amount not to exceed 150% of model premium amount. 12. Higher amount is to be written to accommodate any increase in premium due to changes in service tax, scheduled increase as per product specification and changes in frequency payment. 13. As per Rule 114 B of the Income Tax Rules, 1962, it is mandatory for every person to quote his Permanent Account Number (PAN) in all documents pertaining to payment of life insurance premium to an insurer aggregating to more than Rs.50,000/- in a financial year. In case your income is below the taxable limit and you do not have a PAN , please submit Form No. 60

* Reduction in premium is a product-specific alteration.
 **Preferred Billing Date: _____ day of the month (*Turn over leaf for your preferred dates according to PTD)

Preferred Billing Date option available for ECS/DD/SI.

Relationship with Policyholder (Please tick):
 Spouse Parent Sibling Child Grandparents Employer for Employee
 Company for a Director Individual HUF Partnership Trust

Director's / Partner / Trustee / Karta / Father's / Spouse's Name _____

PAN

Declaration to be made by a third person where:
 The life assured has affixed his/her thumb impression / has signed in vernacular / has not filled the application. I hereby declare that I have explained the contents of this application form to the life to be assured in _____ language and have truthfully recorded the answers provided to me. I further declare that the life to be assured has signed/affixed his/her thumb impression in my presence.
 Declarant Name: _____
 Signature _____
 Date: _____ Place: _____

Customer Acknowledgement Copy

Application Number or Policy Number _____

Policy Holder Name _____ Customer Relationship Officer _____

Date

Branch STAMP & TIME

Note: 1. Request for activation of Auto Debit facility has to be submitted atleast 30 days prior to the next premium due date at the nearest HDFC Life branch.
 2. Request for de-activation of Auto Debit facility has to be submitted atleast 15 days prior to the next premium due date at the nearest HDFC Life branch.

PTD	**Preferred Billing Dates for the Policy- (PBD within 10 days from PTD)							
	1	4	8	12	16	20	24	28
1		✓	✓					
2		✓	✓	✓				
3		✓	✓	✓				
4			✓	✓				
5			✓	✓				
6			✓	✓	✓			
7			✓	✓	✓			
8				✓	✓			
9				✓	✓			
10				✓	✓	✓		
11				✓	✓	✓		
12					✓	✓		
13					✓	✓		
14					✓	✓	✓	
15					✓	✓	✓	
16						✓	✓	
17						✓	✓	
18						✓	✓	✓
19						✓	✓	✓
20							✓	✓
21							✓	✓
22	✓						✓	✓
23	✓						✓	✓
24	✓							✓
25	✓	✓						✓
26	✓	✓						✓
27	✓	✓						✓
28	✓	✓						
29	✓	✓	✓					
30	✓	✓	✓					
31	✓	✓	✓					

** Preferred Billing Date option available for ECS/DD/SI.

