Mandate Instruction For NACH/Direct debit

UMRN | Date

Utility Code: I C I C 0 0 2 6 1 0 0 0 0 0 1 9 9 2

[✓] Create [X] Modify [X] Cancel

BAJAJ LIFE — LIFE GOALS. DONE.

Sponsor Bank Code: ICIC0TREA00

I/We authorize: Bajaj Life Insurance Limited

To debit (tick ✓): [ ] SB [ ] CA [ ] CC [ ] SB-NRE [ ] SB-NRO [X] Others

Bank A/C number

Bank name

~~MICR~~ ✓ /IFSC (IFSC code only)

Amount of Rupees ₹

DEBIT TYPE [X] Fixed Amount [✓] Maximum Amount

FREQUENCY [X] Daily [X] Weekly [X] Bi-Monthly [X] Monthly [X] Quaterly [X] Half-Yearly [X] Annually [✓] As and when presented

Reference 1 (Application No.) OR Reference 2 (Policy No.)

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per the latest schedule of the charges of 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 the account, based on the instructions as agreed and signed by me. **3.** have understood that I am authorized to cancel/amend this mandate this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit. **4.** I/We understand and accept that in case transaction/s initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act).

Maximum period validity of this mandate is 40 years only

From

To: 1 5 0 5 2 0 6 6

Signature of Primary account holder as per bank records

Signature of account holder as per bank records

Signature of account holder as per bank records

1 Name as per bank records

2 Name as per bank records

3 Name as per bank records

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