LIFE GOALS. DONE.

STANDING INSTRUCTIONS FORM - CREDIT CARD

Please fill and submit this to the nearest customer care centre.

I hereby authorize Bajaj Life Insurance Limited, Pune to debit my credit card number for the renewal premiums due on my policies as and when due and which is mentioned in this standing instruction form (hereinafter referred to as SI form)

Credit Card No.-

Expiry Date (mm/yy): Card Type VISA Master

Date of birth (As per credit card)

Issued By (Name of Issuing Bank)

The policy numbers for which this standing instructions are given are as follows: -

Policy No.

Name of the insured person

Tel. Mobile

Email Relation of insured person with card holder

Amount of Premium ₹ Monthly Quaterly Half yearly Annual

Due dates of renewal premium D D M M D D M M D D M M

I understand that the above transfers will be executed as per the terms and conditions below.

Card Holder's Name (As appearing on credit card)

Card Holder's Signature

(As appearing on credit card) I AGREE TO TERMS AND CONDITION AS MENTIONED BELOW

Policy Holders Signature

(If Diff from credit Card Holder)

CCSI Terms and Conditions

1. This form may be used in conjunction with regular premium policies and supersedes any previous instructions held.
2. The Credit Card should be in the name of policy-holder.
3. Third party payment will not be accepted.
4. Photocopy of front side of Credit Card to be furnished along with this standing instruction form.
5. Credit card would be directly debited on the due date for renewal premium payment as and when the renewal premium will get due.
6. In case the transaction is being declined, the policy holder is liable to pay the outstanding premium by cash or cheque. Failure to pay premium may result into policy being lapse as per the terms and conditions of the policy.
7. Authorization will remain in effect till intimated otherwise by the policy-holder or declinature of a mandate.
8. If there is some change or renewal of the Credit Card it should be intimated fifteen days before to Bajaj Life Insurance Limited In case of card expiry or replacement, please notify us by completing a fresh standing instruction form.
9. If payment date falls on Sunday or Public holiday the same will be effected on next working day.
10. The policy holder can cancel this request by giving a written notice to the Company to withdraw the mandate at least15 days prior to due date or CCSI debit submission. Such written notice shall be duly signed by the policyholder.
11. Please note that no charges will be recovered from policyholder for cancellation of the CCSI request.