

ECS Mandate Form

Postal Life insurance of India

1 Name of the Policy Holder-----

2 Policy Details :

S.NO.	New proposal/Policy number	Name of Insured

3 Contact information

- a Residence -----
- b Office -----
- c Mobile -----
- d Email ID -----

4 Particulars of Bank AC(Account from which you want to pay the premium)

- a Bank Name -----
- b Branch Name & Address -----
- c Name of account holder -----
- d Account Type(Saving/Current/Cash or Credit) -----
- e Account Number -----
- f 9 Digit MICR CODE Number of the bank and branch -----
(Attach a photocopy/Cancelled cheque leaf) -----

5 I/We agree that this Mandate will form an integral part of my/our proposal (Only for new proposals)

(2) If in future my/our Bank Account is transferred to a city where ECS facility is not available, a change of mode will be necessary which will involve change in premium.

(3) I / We hereby instruct the bank to debit my/our above Account No. and pay PLIPremium of Rs. _____ as above/as per demand sent by PLI.

I/we, hereby, declare that the particulars given above are correct and complete. I/we being the holder/s of the above policy/policies express my/our willingness to remit the premium/s referred to above through participation in ECS of National Clearing Cell of Reserve Bank of India and hereby authorise the Life Insurance Corporation of India to raise the debits on my/our Bank Account towards the said premium/s due referred above. If any transaction is delayed or not effected at all for the reasons of incomplete or incorrect information or non-availability of funds or closure of Accounts etc. I would not hold PLI or the user institution responsible. I understand that the first transaction after authorization may take one month time in getting the process commenced. I also understand that I can pay the premium only on behalf of my near relatives as prescribed by the Income-Tax Act, 1961.

PLACE

Date

Signature of Policy Holder

Signature of Account Holder