



# FUTURE GENERALI INDIA

Life Insurance Company Limited

## MANDATE FORM FOR ECS

Date :

Application No.

Or Policy No.

Applicant / Policy Holder Name : \_\_\_\_\_

Account Type :  Saving A/c  Current A/c  Cash Credit

Bank A/c Holder : \_\_\_\_\_ Bank A/c No.:

Name of Bank: \_\_\_\_\_ Branch Name : \_\_\_\_\_

Bank Address : \_\_\_\_\_

MICR 9-digit No.:

### Declaration by the Proposer / Policy Holder :

I hereby authorize FUTURE GENERALI INDIA LIFE INSURANCE CO. LTD. to debit my/our account under ECS debit clearing, through the National cell of the Reserve Bank of India for collection of the insurance premium.

I hereby declare that the particulars given above are correct and complete in all aspects. I authorise FUTURE GENERALI INDIA LIFE INSURANCE CO. LTD. (the "Company") to collect any amounts as may be due on account of payment for life insurance premium (s) payable on and/or pursuant to the life insurance Proposal(s) / Policy (ies) and Rider(s) (if any), as issued by the Company, by Director Debit to my Bank Account as per details provided above. In the event of my bank being unable to debit my account, for whatsoever reason. I will pay the insurance premiums directly to the Company. I will also inform the company of any changes in my Bank Account

### Mandate Terms and Conditions

The Proposer/Policy Holder confirms, understands and agrees that :

1. It will be the Proposer's / Policy Holder's responsibility to ensure that FUTURE GENERALI INDIA LIFE INSURANCE CO. LTD. (The "company") receives credit for the payments due towards, premium(s) when payable and/or on or before the respective due dates. The company shall be responsible for making any follow-up in relation to receipt or non-receipt of premium(s).
2. Company shall not be responsible and liable for any damages/ compensation for any loss, damages etc incurred by the applicant of use, no availability or deficiency in the provisioning of the Facility. The applicant shall bear the entire responsibility for and risk associated with use of the facility.
3. The Proposer / Policy Holder shall at all time, maintain sufficient credit balance in the Bank Account specified in the Mandate so that the Mandate is honoured and credit for the premium payments due is received by the Company within the time specified therefore.
4. The company shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or non-availability of sufficient funds in Proposer's / Policy Holder's account on for any other reason beyond the company's control.
5. Notwithstanding what is mentioned herein above, it is understood that the company is extending such facilities to make it convenient for and facilitate the Proposer/Policy Holder to pay the renewal premiums and it is further acknowledged that the onus and liability to make such payments within the due dates specified in the relevant Policy Contract(s) vests solely and absolutely with the policyholder.

Signature of The Proposer/Policy Holder \_\_\_\_\_

Date : \_\_\_/\_\_\_/\_\_\_\_\_.

Name : \_\_\_\_\_

Place : \_\_\_\_\_

Certification of the Bank named in the Mandate.

It is certified that the particulars mentioned in the mandate are correct, and the signature of the Bank Account Holder, Proposer/Policy Holder is true as per our recorded that the copy of this form duly completed has been submitted to us.

Bank's Stamp :

\_\_\_\_\_  
Signature of Authorised Official of the Bank

Place :

\_\_\_\_\_  
Date

Authorization of the Bank Account Holder (to Signed by the Account Holder)

This is state that I have registered for the RBI's Electronic clearing service and that may premium shall be made from the below mentioned account with your bank. Thereby authorize the representative carrying this ECS form to get it verified and executed

Account Holder's Signature  
(As in Bank Records)

Account Number : \_\_\_\_\_