SHRIRAM Life Insurance
YOUR PARTNER FOR PROSPERITY

UMRN | | | | | | | | | | | | | | | | | | | | Date D D M M Y Y Y Y

Tick (✓) CREATE ☐ MODIFY ☐ CANCEL ☐

Sponsor Bank Code ______ Utility Code ______

I/We hereby authorize **Shriram Life Insurance Co. Ltd.** to debit (tick ✓) SB☐ CA☐ CC☐ SB-NRE☐ SB-NRO☐ Other☐

Bank a/c number ______

with bank Name of customers bank IFSC ______ or MICR ______

an amount of Rupees ______ ₹ ______

FREQUENCY ☒ MONTHLY ☒ Qtly ☒ H. Yrly ☒ Yrly ☑ As & when presented DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

Reference 1 ______ Mobile No. ______

Reference 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 D D M M Y Y Y Y

To X X X X X X X X

Or ☑ Until Cancelled

Signature Primary Account holder	Signature Primary Account holder	Signature Primary Account holder
1. Name as in bank records	2. Name as in bank records	3. Name as in bank records

- This is to conirm 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.

Instructions to fill Mandate:

- UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and Cancellation of mandate. (Maximum length - **20** Alpha Numeric Characters)
- Date in DD/MM/YYYY format.
- Name of Service Provider.
- Tick on box to select type of actions to be initiated & A/C to be affected
- Customer's Bank name, branch and account number, left padded with zeroes. (Maximum length - **35** Alpha Numeric Characters)
- IFSC/MICR code of customer bank. (Maximum length -**11** Alpha Numeric Characters)
- Amount payable per transaction in words.
- Amount in figures, similar to the amount mentioned in words. (Maximum length -**13** digit Numeric, in paise)
- Service Provider generated consumer reference number.
- Service Provider generated Scheme / Plan reference number.
- Tick on box to select frequency of transaction.
- Validity of mandate with dates in DD/MM/YYYY format Start date is mandatory.
- Names of customer/s and signatures as well as seal of Company (where required). (Maximum length of Name - **40** Alpha Numeric Characters)
- Undertaking by customer & mail ID of customer.
- 10 digit mobile number of customer.

Kindly ignore the below 2 points. (Already filled In)

1. Sponsor Bank IFSC / MICR code, left padded with zeroes where Necessary. (Maximum length-**11** Alpha Numeric Characters)
2. Utility Code of the Service Provider. (Maximum length -18 Alpha Numeric Characters)

Declaration

I/We hereby declare that the above information is correct and complete. I/We acknowledge that I/We has/have read, understood and agree to be bound by the "Terms and Conditions" detailed in this application form, as are currently in effect and as may be amended from time to time. I/We wish to avail of the NACH facility and here by express my/our unconditional consent of debit my/our insurance premium from above mentioned account through NACH. I/We authorise the bank to honour all such instructions. I/We authorize the representative of the company to get this mandate verified and registered with you. Verification charges (Ifany) may be charged to my/our account.

Place:.. Date.....................................

Debit Date :............/.........../...............
DD MM YYYY

Signature:

Customer Acknowledgement Copy

Date D D M M Y Y Y Y

Branch STAMP & TIME

Application Number or Policy Number ______

Policy Holder Name ______ Customer Relationship Oficer ______

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 Shriram 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 Shriram Life branch.