



## NACH MANDATE INSTRUCTION

UMRN  FOR OFFICE USE ONLYDate      

Tick  CREATE  MODIFY  CANCEL

Sponsor Bank Code  Utility Code

I/We hereby authorise **HDFC LIFE** 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  Qtty  H. Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum AmountReference No. 1  Application / Policy No. 1 Mobile No.  Do not fillReference No. 2  Application / Policy No. 2 Email ID  Do not fill

I/We agree for the debit of mandate processing charges by the bank whom I am/we are authorising to debit my/our account as per latest schedule of charges of the bank.

PERIOD

From

To

Or  Until Cancelled

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 confirm that the declaration has been carefully read, understood & made by me/us. I am/We are authorising the User entity/corporate to debit my/our account.
- I/We have understood that I am/we are authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I/we have authorised the debit.

## DECLARATION:

1. I/We hereby declare that the particulars given above are correct and complete. 2. I/We hereby declare that in case of a third party account holder, a KYC form of the account holder shall be submitted. 3. I/We undertake to keep sufficient funds in the account mentioned in the mandate as on the date of execution of debit. 4. I/We hereby authorise the Bank/Tech Process Solutions Ltd/Bill desk/any other intermediaries to communicate my/our funding account details (as may be necessary) to HDFC Life Insurance Company Limited for the specific purpose of recovering my/our HDFC Life premium/EMI payments through a debit instruction to my/our account. 5. I/We hereby authorise HDFC Life, in the instance of the ECS/SI/DD/NACH failing for any reason, to authorise the Bank/Tech Process Solutions Ltd/Bill desk to recover the premium/EMI payable through a direct debit to my/our account with the mentioned bank. 6. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I will not hold HDFC Life, the Bank or the other Intermediaries responsible. 7. I/We agree that for changing the premium/EMI amount as per my/our requirement, I/We will furnish a fresh mandate for such change in the premium/EMI amount, which will supersede all other mandates previously given. 8. I/We agree that in the event of violation by me/us of any undertaking confirmed in the agreement herein, shall amount to an event of the terms of the Insurance Policy and HDFC Life shall be entitled to invoke the remedies available to it in terms of the policy agreement. 9. I/We agree that in the event of the Bank being unable to debit my/our account for want of sufficient funds or for any other reason, HDFC Life shall be entitled to deal with my policy in manner as described in the policy provisions, unless the payment is received by any alternative mode on or before the specified date. 10. I/We hereby authorise my/our Bank to debit my/our account with the amount of service tax and other levies as may be stipulated by the Government, from time to time, on the premium/EMI stated above and for this purpose, no further or revised authority is required by my/our Bank. 11. I/We hereby authorise that in the instance of a transaction failure towards an ECS request, HDFC Life can represent twice the transaction to my/our account for realising this premium/EMI. 12. I/We wish to avail the ECS/SI/DD/NACH facility and hereby express my unconditional consent to debit premium/EMI of my policy to above through participation in Electronic Clearing System (ECS)/Direct Debit. I/We understand and agree that premium/EMI amount to be debited from my/our account may vary due to taxes and other statutory levies as may be applicable from time to time. 13. I/We understand and accept that the transaction will be effected on the policy on the due date (provided the day is a working day). I/We agree to discharge the responsibility expected of me/us as participant(s) under the scheme. I/We take full responsibility of the correctness of the details filled herein. 14. I/We authorise the above mentioned bank to debit my bank account if my/our ECS mandate is active and until I/We give a written request for cancellation of ECS/SI/DD/NACH. 15. In the future, if I/We opted out of ECS/Direct Debit mode, there may be an increase in premium/EMI amount. 16. I/We understand and agree that the submission of this form does not mean that the request will be processed. I/We understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also, any payment shall be subject to realisation of the last renewal premium/EMI payment. 17. I/We also understand and agree that the Company reserves the right to use any payout option. 18. For SI with HDFC Bank/Ratnakar Bank, premium will be debited from your account on the debit date. However, in case of failure, we will debit your account anytime again upto 180 days from the date of debit. 19. I/We authorise the above mentioned bank to debit the amount from my bank account if my/our ECS/SI/DD/NACH is active, until I/We give a written request for cancellation of the Mandate. 20. I authorise the Company to deduct all the outstanding premium along with interest (in case of non Unit Linked Products) for the purpose of revival. I am aware that in case of Conventional products, company may deduct the Mortality and the other charges for the period while the policy was in lapsed stage. I understand that the Company reserves the right to refuse revival of the policy. 21. In case a preferred day of debit is selected, the debit attempt will done on the Preferred Billing Date instead of the premium due date. 22. In case of EMI collection for Loan-Against-Policy, the Company may process debit attempts post the EMI due date to recover pending payments.

## Important Note:

1. Any cancellation, correction, alteration, etc. should be countersigned by the Account Holder. 2. For SI cases (HDFC Bank/Ratnakar Bank), the NAV allotted will be the date on which the bank gives a confirmation of the debit. 3. For ECS, NAV would be allocated on the basis of the debit date. 4. Direct debit facility (non ECS location) is offered by ICICI Bank, Citibank, Union Bank of India, Bank of Baroda, State Bank of India, Axis Bank and Punjab National Bank only. 5. For Direct Debit, NAV will be provided for the day when the payment is received in the HDFC Life account. 6. Request for de-activation of Auto debit facility has to be submitted at least 12 days prior to the next premium/EMI due date. 7. The premium/EMI will be debited starting from the premium/EMI due date which occurs after the date of this mandate till the last premium/EMI due date unless the mandate is revoked. 8. In case of any increase or decrease in premium/EMI amount due to changes in payment frequency or any policy related changes including reduction in premium/EMI\*, the existing debit instruction will be de-activated. Hence, a fresh Auto Debit Mandate is required to be submitted at any HDFC Life branch at least 30 days prior to the next premium/EMI due date. 9. In case of PBD option, the NAV will be allocated as per preferred billing date and not premium/EMI due date. 10. Grace period in case of PBD will start from premium/EMI due date only and not from Preferred billing date. 11. Maximum amount not to exceed 150% of model premium/EMI amount. 12. Higher amount is to be written to accommodate any increase in premium/EMI due to changes in service tax, scheduled increase as per product specification and changes in frequency payment. 13. As per regulatory changes, it is mandatory to submit PAN/Form 60 (if PAN is not available). Please update via My Account/service@hdfclife.com/18602679999/HDFC Life branch. Ignore if submitted.

\*Reduction in premium/EMI is a product-specific alteration.

\*\*Preferred Billing Date: \_\_\_\_\_ day of the month (\*Turn over leaf for your preferred dates according to PTD) Preferred Billing Date option available for ECS/DD/SI.

EMI facility is applicable for Loan Against Policy.

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.



## Customer Acknowledgement Copy (NACH MANDATE INSTRUCTION)

Application Number or Policy Number \_\_\_\_\_ Date      

Policyholder Name: \_\_\_\_\_ Customer Relations Officer: \_\_\_\_\_

Branch Stamp



- 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 HDFC Life branch.  
2. Request for de-activation of Auto Debit facility has to be submitted atleast 12 days prior to the next premium due date at the nearest HDFC Life branch.

For queries or more information, call us on 1860-267-9999 (Local charges apply) | 022-68446530 (STD charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00.  
Email – service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com

Relationship with Policyholder (Please tick):  Spouse  Parent  Sibling  Child  
 Grandparents  Employer for Employee  Company for a Director  Individual  
 HUF  Partnership  Trust

Director's / Partner / Trustee / Karta / Father's / Spouse's Name \_\_\_\_\_

PAN 

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Branch STAMP

**Declaration to be made by a third person where:**  
 The life assured has signed in vernacular / has not filled the application. I hereby declare that I have explained the contents of this application form to the life to be assured in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the life to be assured has signed in my presence.  
 Declarant Name: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

PTD	**Preferred Billing Dates for the Policy- (PBD within 10 days from PTD)							
	1	4	8	12	16	20	24	28
1		✓	✓					
2		✓	✓	✓				
3		✓	✓	✓				
4			✓	✓				
5			✓	✓				
6			✓	✓	✓			
7			✓	✓	✓			
8				✓	✓			
9				✓	✓			
10				✓	✓	✓		
11				✓	✓	✓		
12					✓	✓		
13					✓	✓		
14					✓	✓	✓	
15					✓	✓	✓	
16						✓	✓	
17						✓	✓	
18						✓	✓	✓
19						✓	✓	✓
20							✓	✓
21							✓	✓
22	✓						✓	✓
23	✓						✓	✓
24	✓							✓
25	✓	✓						✓
26	✓	✓						✓
27	✓	✓						✓
28	✓	✓						
29	✓	✓	✓					
30	✓	✓	✓					
31	✓	✓	✓					

\*\* Preferred Billing Date option available for ECS/DD/SI.



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Application Number or Policy Number \_\_\_\_\_ Date 

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 Policyholder Name: \_\_\_\_\_ Customer Relations Officer: \_\_\_\_\_

Branch Stamp



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