

ECS **Direct Debit**

Application/Policy No.

(To be selected by policy holder whichever is applicable)

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Re: Authorisation to pay Insurance Premium amount through electronic debit clearing system.

- Proposer/Policy Holder Name : _____
Particulars of Bank Account (In capital letters only)
- Name of the Account Holder : _____
- Name of Joint Account Holder (where applicable) : _____
- Bank Name : _____
- Branch Address : _____

- Account Type: (Choose (✓) any one) Savings A/c Current A/c Cash Credit
- 9 digit MICR code number of the bank and branch appearing on the cheque. _____
MICR No. should start with numerics greater than zero

In case it begins with "000", please obtain correct code from your Bank Branch (Please attach a cancelled or photocopy of a blank cheque from the mentioned Bank Account/Photocopy of bank statement/Pass book)

- Account Number (As appearing on the cheque book): _____
A/c No. should be of minimum 10 digits
- Opted Debit Date: 4th
- Relationship of A/c holder with Proposer/Policyholder (where different): Self Spouse Parent / Child

Please attach authorisation letter

- ECS Start date: DD MM YYYY ECS End date: DD MM YYYY

- Premium Band : <=25,000 <=50,000 <=1,00,000 <=3,00,000

- Mobile Number _____
- E-Mail _____

Terms & Conditions

I/We, understand and accept that this mandate is for debiting my insurance premium due including taxes and other statutory levies on premium as may be applicable from time to time on opted debit date by Electronic Clearing System herein referred as ECS or through Direct Debit facility herein after referred as DD. I/We certify that the particulars furnished herein are correct and complete as per our records and undertake to keep sufficient funds in the above account one day before the opted debit date of execution of standing instruction. I/We, hereby submit the mandate to debit my/our account towards premiums including taxes and other statutory levies on premium as may be applicable from time to time against the above policy on their debit dates and wish to avail of the DD/ECS facility and hereby express my/our unconditional consent to debit payment of the amount of the premium including taxes and other statutory levies on premium as may be applicable from time to time of my / our policy referred to above through participation in the DD/ECS on the National Clearing Cell of the Reserve Bank of India/any other stipulated bank. I/We also unconditionally and irrevocably authorise DHFL Pramerica Life Insurance Company Ltd. to raise debit for such regular premium payments I/We understand that the above instruction can be withdrawn/cancelled after due intimation by giving an advance notice of two months and with the written consent of DHFL Pramerica Life Insurance Company Ltd. for the payment of premium due. DHFL Pramerica Life Insurance Company Ltd. has the right to withdraw ECS/DD facility anytime, if required on notification I/We, understand and accept that the transaction will be effected at opted draw date (refer point -10') within reasonable time limit on all ECS/DD Enabled locations except Non Rolling settlement category. If the transaction is delayed or not effected at all for reason for incomplete or incorrect information, I/We shall not hold the user institution (Company) responsible. I/We agree to discharge the responsibility expected of me/us as a participant under the scheme. I/We, agree that if transaction gets delayed on account of incorrect and incomplete information or declined due to insufficient funds, the company shall in no way be held responsible. In case ECS/DD instruction gets bounced on the opted due date due to financial reasons, the ECS/DD may be represented again once for clearance. I/We, agree that in case the ECS/DD facility is withdrawn by the company at anytime; subsequent due premiums would be made through other modes as stipulated by the company. I/We, agree & understand that ECS/DD facility is available for Modal Premium only. Premium for Top-up should be paid by mode other than ECS/DD, as stipulated by the company. I/We, agree & understand that ECS/DD facility is available only after enforcement of the policy, premium due before enforcement will be paid through other modes as stipulated by the company in this regard

Proposer/Policy Holder's Signature (As in Policy Application) _____
A/c Holder's Signature (As in Bank records) _____
Joint A/c Holder Signature (where applicable) (As in Bank records) _____

In case of companies, proprietorships, partnerships, please affix Company stamp

Certified that the particulars furnished above are correct as per our records

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Bank's Stamp

D	D	M	M	Y	Y	Y	Y
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Date of Request:

Authorized Signatory

ECS / Direct Debit Mandate procedure & timelines for Customer/Agent

1. Policyholders can opt for ECS/ Direct Debit facility at any time during policy term
2. Company offers this facility free of cost to all its policyholders
3. To avail this facility, you are required to submit the below mentioned documents, at least 60 days prior to the next premium due date:
Completely filled and duly signed ECS/ Direct Debit mandate along with one original cancelled cheque (of the bank account mentioned in the mandate form) with policyholder's name clearly printed on the cheque leaf or Photocopy of self attested Bank statement or Pass book for account details verification
4. In case of monthly mode policies, the policyholder is required to pay two month premium in advance along with the mandate form.
5. Original mandate should be submitted with every application received at DHFL Pramerica Life Insurance. "In case MICR code begins with 'ZERO' please obtain correct MICR code from respective bank branch along with bank attestation or updated cheque leaf"
6. Policyholders can opt for draw dates as mentioned on the mandate form, for timely debit of due renewal premium
7. In case of joint account, signatures of both the account holders are mandatory
8. Company stamp is required in case account holder is a proprietary firm
9. In case of incorrect/incomplete information, registration would not be initiated
10. Timelines for ECS/ Direct Debit mandate registration is average 30 Days from the date of request received (once policy is issued)
11. In case of the above amount varying on account of Counter offers, revised premiums, additional insurance/riders, revised ECS mandate is required to submit
12. In case the opted debit date is before the due date, then amount paid in advance will remain as interest free deposit and will be settled against only on the premium due date
13. In case the policy is in 'Lapse' status or the renewal premium(s) due falls in next 60 days, the policyholder is required to pay the due premium(s) either through cheque or cash
14. In case the debit draw date is falling on a holiday, the premium amount would be deducted on the next working day
15. Company allows its policyholders the facility to withdraw from ECS/ Direct Debit mode at least 15 days prior to the due date of ECS/ Direct Debit submission
16. There are 'NO' additional charges towards cancellation of the ECS/ Direct Debit mode or recovery of such additional charges from the benefits payable under the policy

ECS Facility is currently available in Delhi, Ludhiana, Amritsar, Jalandhar, Chandigarh, Shimla, Jammu, Kanpur, Allahabad, Varanasi, Lucknow, Dehradun, Gorakhpur, Agra, Jaipur, Bhillwara, Udaipur, Kota, Bikaner, Jodhpur, Rajkot, Jamnagar, Bhavnagar, Ahmedabad, Anand, Vadodara, Surat, Goa, Pune, Solapur, Kolhapur, Nasik, Aurangabad, Nagpur, Indore, Bhopal, Gwalior, Jabalpur, Raipur, Hyderabad, Tirupati, Vijaywada, Nellore, Vizag, Kakinada, Bangalore, Mysore, Mandya, Tumkur, Mangalore, Udupi, Hubli, Gadag, Raichur, Gulbarga, Bijapur, Belgaum, Chennai, Pondichery, Trichy, Madurai, Tirunelveli, Salem, Erode, Kozhikode, Trissur, Kochi, Trivandram, Kolkata, Haldia, Siliguri, Gangtok, Bhuwaneshwar, Cuttack, Guwahati, Patna, Dhanbad, Jamshedpur, Ranchi, Mumbai, Davangere, Shimoga, Coimbatore, Tirupur, Asansol, Burdwan, Durgapur

PAY _____ _____ Or BEARER RUPEES _____ ₹ _____ A/c. No. 1234567234556 ABCD Bank 123 Building, XYZ Road MICR Code xxxxxxxxx	Date _____
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A/c No. Branch Address 9-digit MICR Code

- Following Banks are covered in Direct Debit**
- SBI
 - AXIS Bank
 - HDFC Bank
 - IDBI Bank
 - Indusind Bank
 - ICICI Bank
 - Kotak Mahindra Bank
 - Bank of Baroda
 - Bank of India
 - Punjab National Bank
 - Union Bank of India

DHFL Pramerica Life Insurance Company Limited (erstwhile DLF Pramerica Life Insurance Co. Ltd),
Registered Office and Communication Address: 4th Floor, Building No. 9B, Cyber City, DLF City Phase III,
 Gurgaon - 122002, Haryana. CIN: U66000DL2007PLC165153

Contact Us: Customer Service Helpline: 1800 102 7070 (Toll Free)
 Email: contactus@dhflpramerica.com | www.dhflpramerica.com | Fax: 0124 - 4697100/7200
 IRDA Registration Number: 140. Insurance is the subject matter of solicitation.