



# Application for (Electronic Clearing Service(ECS) / Standing Instruction(SI)) Preferred Debit Date



**Note: Please complete the form in CAPITAL LETTERS.**

**All fields with (\*) are mandatory**

POLICY DETAILS	I hereby unconditionally and irrevocably authorize you to change my debit date for making premium payments to Exide Life Insurance Company Limited through ECS / SI with below details.	
	Policy Number*:	Policy Holder's Name*:
	Landline Number:	Mobile Number: *
	Email Id*:	
	Premium Due Date:*	Your Preferred Debit Date:* (Please refer the illustration below to choose your preferred debit date.)

- |                    |  |
|--------------------|--|
| TERMS & CONDITIONS | 1. This is a servicing request.  |
|                    | 2. The Preferred Debit Date is for the purpose of premium debit only.  |
|                    | 3. Premium Due Date and frequency as per policy will remain unaltered.   |
|                    | 4. In case of ULIPs the unit price for fund allocation will be on the premium due date.  |
|                    | 5. All account details related to ECS / SI debit would remain the same as provided in the ECS / SI mandate.  |
|                    | 6. To ensure the Debit Date is changed from current due date, please submit this form 10 days prior to the next due date, else the Preferred Debit Date will be effective from next due date.  |
|                    | 7. Any overwriting, alteration, cancellation and using of whitener shall not be entertained in this form. In such cases a fresh form needs to be submitted.  |
|                    | 8. It is possible that due to some technical or other reasons premium may not be debited on the debit date and may be delayed by a few days. Kindly ensure the availability of funds in your Bank account at least 7 days before and after debit date to avoid requested inconvenience.  |
|                    | 9. The policy holder agrees that in the event he/she is dissatisfied with any portion of the facility or with any of the terms and conditions or alterations thereto, his/her sole and exclusive remedy is to discontinue the use of the facility and switch to other modes of payment. For more information, refer policy document. |

DECLARATION	<input type="checkbox"/> I/We hereby declare that the particulars given above are correct and complete in all respects. If the transaction is delayed or not effected for incomplete or incorrect information or due to non-availability / insufficient funds in the said Bank account, I will make alternative arrangements for payments of the said premium contribution and will not hold Exide Life Insurance Company Limited or the Bank responsible for the same.
	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Place: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Policy Holder Signature

Preferred Debit Date can be any date upto 14 days from premium due date. In case the Preferred Debit Date is greater than 14 days from premium due date, Exide Life Insurance Company Limited will set the date to be at maximum 14th day from due date.

Choosing your Preferred Debit Date is easy:

Step 2- Select from the range of your Preferred Debit Dates

ILLUSTRATION OF PREFERRED DEBIT DATES	Step 1- Mark your Premium Due Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		2	3	4	5	6	7	8	9	10	11	12	13	14	15
		3	4	5	6	7	8	9	10	11	12	13	14	15	16
		4	5	6	7	8	9	10	11	12	13	14	15	16	17
		5	6	7	8	9	10	11	12	13	14	15	16	17	18
		6	7	8	9	10	11	12	13	14	15	16	17	18	19
		7	8	9	10	11	12	13	14	15	16	17	18	19	20
		8	9	10	11	12	13	14	15	16	17	18	19	20	21
		9	10	11	12	13	14	15	16	17	18	19	20	21	22
		10	11	12	13	14	15	16	17	18	19	20	21	22	23
		11	12	13	14	15	16	17	18	19	20	21	22	23	24
		12	13	14	15	16	17	18	19	20	21	22	23	24	25
		13	14	15	16	17	18	19	20	21	22	23	24	25	26
		14	15	16	17	18	19	20	21	22	23	24	25	26	27
		15	16	17	18	19	20	21	22	23	24	25	26	27	28
		16	17	18	19	20	21	22	23	24	25	26	27	28	29
		17	18	19	20	21	22	23	24	25	26	27	28	29	30
		18	19	20	21	22	23	24	25	26	27	28	29	30	31
		19	20	21	22	23	24	25	26	27	28	29	30	31	1
		20	21	22	23	24	25	26	27	28	29	30	31	1	2
		21	22	23	24	25	26	27	28	29	30	31	1	2	3
		22	23	24	25	26	27	28	29	30	31	1	2	3	4
		23	24	25	26	27	28	29	30	31	1	2	3	4	5
		24	25	26	27	28	29	30	31	1	2	3	4	5	6
		25	26	27	28	29	30	31	1	2	3	4	5	6	7
		26	27	28	29	30	31	1	2	3	4	5	6	7	8
		27	28	29	30	31	1	2	3	4	5	6	7	8	9
		28	29	30	31	1	2	3	4	5	6	7	8	9	10
		29	30	31	1	2	3	4	5	6	7	8	9	10	11
		30	31	1	2	3	4	5	6	7	8	9	10	11	12
		31	1	2	3	4	5	6	7	8	9	10	11	12	13