



# Credit Card Mandate



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

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

POLICY DETAILS

I hereby authorise Exide Life Insurance Company Limited to debit the full amount of my Insurance Premium and interim charges pertaining to the below mentioned Proposal / Insurance Policy from my Credit Card Account, details of which are mentioned below.

**Policy Number:**   
(In case of renewal payment)

**PDA Number:**   
(In case of new proposal)

PAYMENT DETAILS

Name of Card Holder:\*

Name of the Proposer / Policy Holder:\*

Credit Card Type (Tick one):\*  Master Card  VISA  Diners Club

Credit Card Number:\*

Expiry Date of your credit card:\*  M M  Y Y Y Y

Issuing Bank:\*

**Select your Option:\***

**One Time Request** (Tick here if you want to make the current premium as a onetime payment through Credit Card)

**Standing Instructions Request** (Tick here if you want to make the current premium & subsequent premium payments through Credit Card)

CUSTOMER DETAILS

**Relationship of Bank A/c Holder with Policy Holder:\***  Self  Parent  Spouse  Grandparent

Mobile Number:\*

E-mail ID:\*

IMPORTANT GUIDELINES

1. Please enclose the photocopy of front side of the Credit Card
2. Once you have given us this instruction, please do not make payments through cash or cheque or DD, unless this authorisation is rejected by Exide Life Insurance Company Limited or the transaction is declined by the issuing Bank.
3. This facility is available to all the Master Card / VISA and Diners Club Cards.
4. Credit Card should be of the policy holder / life assured or the spouse/parents/grand-parents of the policy holder/life assured.
5. Authorisation will take effect on receipt of the duly filled and signed form by Exide Life Insurance Company Limited.
6. In case of Credit Card Renewal, policy holder should furnish fresh copies of front side of Credit Card with fresh mandate form. Electron Cards, Debit Cards, Amex Cards and Bank proprietorship Cards are not valid on onetime/standing instruction.  
(This authorisation is subject to the terms and conditions listed below)

Version 2

DECLARATION

1. The record of changes in respect of the above services received or availed and submitted by Exide Life Insurance Company Limited to the Credit Card Account will neither bear my signature nor the imprint of my Card.
2. I undertake to unconditionally honor and pay all charges including interim charges when I am billed for the same by the above mentioned Bank, without demur or contest.
3. If the mandate is received by Exide Life Insurance Company Limited after the due date, Credit Card will be effective from the next due date. All outstanding premiums will have to be paid through cash or Cheque.
4. Please note that for Exide Life Freedom Plan (Product UIN - 114L018V01) & Exide Life Future Perfect Plan (Product UIN - 114L019V01) plan, if the entire outstanding premium is not cleared then the same will be debited through the credit card.
5. For payments made through Credit Card, the Unit Price for allocation units will be on the date of realization of such payment by the Company.
6. Payments made for lapsed policy, the NAV will be applicable on the date of reinstatement.

I/We hereby declare that the particulars given above are correct and complete in all respects.

Date:  D D  M M  Y Y Y Y

Place:

**Signature of Credit Card Holder**  
(If different from the Policy Holder)

**Signature of Policy Holder**