



**भारतीय जीवन बीमा निगम**  
**Life Insurance Corporation of India**  
 Delhi Divisional Office-I

Annexure-I

Tel.No. :

Mandate ID \_\_\_\_\_

**POLICYHOLDERS MANDATE FORM FOR PAYING PREMIUM THROUGH  
 ELECTRONIC CLEARANCE SERVICE (DEBIT CLEARING)-ECS MODE**

1. (A) Name of the Policyholder/s \_\_\_\_\_  
 (B) Policy Details :

Sr. No.	New proposal/ * Policy No.	Name of the Insured Self &/or relatives	Mode	Premium Amount	Debit Date Option **
1.					
2.					
3.					
4.					
5.					

\*(for new proposal single mandate form to be used and for other existing policies, separate Mandate. For more than 5 policies please give details in a separate annexure.)

\*\* premium will be debited on the 7th, 15th and 28th

(C) Tel. No. Res. : \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 Off. : \_\_\_\_\_  
 Email ID : \_\_\_\_\_

**(not mandatory, but will facilitate service, if furnished )**

2. Particulars of Bank A/c (from which you want to pay the premium)
- (a) Bank Name \_\_\_\_\_  
 (b) Branch Name & Address \_\_\_\_\_  
 (c) Name of the Account Holder \_\_\_\_\_  
 (d) Account Type (Savings Bank Account/Current A/c or Cash/Credit) \_\_\_\_\_  
 (e) Account Number (as appearing on the Cheque Book) \_\_\_\_\_  
 (f) 9 Digit MICR CODE NO. of the Bank and Branch \*\*\* \_\_\_\_\_  
 (Attach a photocopy/cancelled leaf of your cheque)

\*\*\*MICR Code for the purpose of EC'S may be different from that printed on the cheque leaf, in some cases. Please check up with your bank.

3. I agree that this Mandate will form an integral part of my proposal.  
 4. If in future my Bank Account is transferred to a city where ECS facility is not available, a change of mode will be necessary which will involve change in premium.

I/we, hereby, declare that the particulars given above are correct and complete. I/We being the holder/s of the above policy/policies express my/our willingness to remit the premium/s referred to above through participation in ECS of National Clearing Cell of Reserve Bank of India and hereby authorise the Life Insurance Corporation of India to raise the debits on my/our Bank Account towards the said premium/s due referred to above. If any transaction is delayed or not effected at all for the reasons of incomplete or incorrect information or non-availability of funds or closure of Accounts etc., I would not hold LIC responsible. I also understand that I can pay the premium only on behalf of my near relatives as prescribed by the Income-Tax Act, 1961.

Date :

Signature/s of the Policyholder/s

Place :

Signature of the A/c holder

(in case the policyholder differs from that of the A/c holder)

- P.S.: i. One copy of the Form should be furnished to the Bank  
 ii. Instead of Premium receipt, Annual Premium Payment Certificate will be sent.

Certified that the bank particulars regarding Bank A/C No. & MICR No. are correct as per our records  
 (For multi city cheques, city code to be confirmed )

Date:

Bank Seal

Signature of the Bank Official