



**ECS MANDATE - CHENNAI CENTRES ECS UTILITY CODE - 4009056**  
**POLICY HOLDERS' MANDATE FORM FOR PAYING PREMIUM THROUGH**  
**ELECTRONIC CLEARANCE SERVICE (DEBIT CLEARING) - ECS**

1. (a) Name of the Policy Holder/s \_\_\_\_\_

(b) Policy Details :

Sr. No.	New Proposal*/ Policy No. *	Name of the Insured Self & / spouse / children	Mode	Premium Amount
1.				
2.				
3.				
4.				
5.				

\*[For existing policies details to be given in separate annexure if the number of policies exceed 5]  
 Debit date will be 7th / 15th and 28th depending upon the Dt. of commencement / Due Date.

(7th for Due Date 1st to 7th, 15th for due date 8th / 15th; 28th for Due Date 16th to 28th / Last date of the month)

(c) Tel. No. Res : \_\_\_\_\_ Mobile No. \_\_\_\_\_

Off : \_\_\_\_\_ E-mail ID : \_\_\_\_\_

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 (Saving Bank / Current A/c. or Cash / Credit) \_\_\_\_\_  
 (e) Account Number (as appearing on the Cheque Book) \_\_\_\_\_  
 (f) 9 Digit MICR Code Number of the bank and branch \_\_\_\_\_

(Attach a photocopy / cancelled leaf of your cheque)

3. (1) I / We agree that this Mandate will form an integral part of my/our proposal (Only for new proposals)

(2) If in future my / our Bank Account is transferred to a city where ECS facility is not available, a charge of mode will be necessary which will involve change in premium.

(3) I/We hereby instruct the Bank to debit my / our above account No. and pay LIC Premium of Rs. \_\_\_\_\_ as above / as per demand sent by LIC.

I / We hereby declare that the particulars given above are correct and complete. I/We being the holders 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 of my/our Bank Account towards the said premium/s due referred to above. If any transactions is delayed or not effected at all for the reasons of incomplete and incorrect information on non-availability of funds or closure of Accounts etc. I would not hold LIC or the user institution responsible. I understand that the first transaction after authorization may take one month time in getting the process commenced. I also understand that I can pay the premium only on behalf of my near relatives as prescribed by the Income - Tax 1961.

Place : \_\_\_\_\_ Date : \_\_\_\_\_ Signature of the Policyholder/s

PS. (i) One copy of the form should be furnished to the Bank LIC's user code for ECS in XXX9059 ("xxx" is 3 digit city code, which is the 3 digit MICR Code).  
 (ii) Instead of premium receipt, Annual Premium Payment Certificate will be sent for policies under new ECS My mode.

Signature of the Policyholder/s

1. We acknowledge the receipt of the mandate and note to carry out the customer instructions as per mandate given.
2. We certify that the Bank particulars furnished above are correct as per our records.

Date : \_\_\_\_\_ Bank Seal Signature of the Bank Official