डाक जीवन बीमा Postal Life Insurance	NACH MANDATE FORM																	P	OSB		Otl	ner Ba	anks									
Tick (✓) CREATE	_	MRN						$\perp$															Da	te		D	D	$\mathbb{M}$	$\mathbb{M}$	Y	Y	/ Y
CREATE  MODIFY		Sponsor Bank's Code												Utility Code						NACH0000000025310												
CANCEL 🖂	]																															
I/We hereby authorize															ther	Ban	ks-S	SB/C	A/CC	SB-N	NRE/S	B-NRO	O/Oth	er								
Bank Account	number																															
With Bank (Bank Name) IFSC   MICR   MICR   DATE   MICR   M																																
an amount of Rupees     FSC & MICR are non-mandatory for POSB Accounts																																
Frequency   Monthly   Quarterly   H-Yearly   Yearly   Debit Date of Due Month (Tick)															Amo	unt																
Policy Number														Mobile Number +91				1														
PLI HO office (For Office U															Er	nail l	D															
1. I agree for debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.																																
	Period																															
From		Signature of Primary Account Holder										Signature of Account Holder								Signature of Account Holder												
То		1. Name of Account Holder										2. Name of Account Holder								3. Name of Account Holder												
Until Cancelled or Date of Maturity □																																
2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing <b>Postal Life Insurance</b> to debit my account based on the instructions as agreed and signed by me/us.														ns as																		
3. Thave ι														orized																		
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## **Terms & Condition**

1. NACH facility can be availed for new policy as well as for existing policy for all modes (yearly, half-yearly, quarterly, and monthly), NACH mandate form can be submitted in any post office. 2. If mandate is rejected by customer's bank, <u>premium can be paid in cash at PO counter or online through PLI customer portal at www.pli.indiapost.gov.in</u>. Fresh mandate needs to be submitted by the customer for registration. 3. At the time of opting for NACH for existing policy, policy should be in active i.e. all the premium has to be updated till current month. 4. Arrears of premium can not be collected through NACH. 5. NACH facility can be opted only if bank from which premium is to be paid is on NACH platform and bank account is CBS (Core Banking Solutions) compatible & policy should be available in 'Core Insurance Solution' (CIS). 6. In case the mandate is rejected by customer's bank due to any reasons, a fresh mandate should be submitted to PLI. 7. NACH deduction can commence only after mandate is accepted by customer's bank and acceptance is updated in PLI's database. If any premium falls due in the meanwhile, the same shall be paid in cash at PO counter or through alternate channel online at PLI Customer

Portal by the customer. Debit dates for deduction of premium will be 07<sup>th</sup>, 12<sup>th</sup> and 17<sup>th</sup> of due month. 8. If NACH deduction is dishonored, premium is to be paid in cash at any PO counter or through alternate online channel at PLI customer Portal with default fee, if any. For dishonors, banks too may charge some amount as per their rules. 9. PLI will not be responsible for any dishonor raised by the bank. Any dispute regarding dishonor should be taken up with the bank. 10. Fresh NACH mandate form is to be submitted to PLI in case of change in policy conditions which leads to increase in premium and in case of change in Bank account. 11. Sometimes due to some technical issues or other reasons/error, premium NACH processing may be delayed by a few days. Kindly ensure availability of funds in the account to avoid dishonors. 12. I hereby agree that this physical mandate given by me/us can be converted into an electronic record in accordance with applicable provisions of IT Act, subsequent to which the physical mandate can be destroyed. I/We shall not be entitled to question conversion of physical mandate into electronic record by the Bank in the event of any dispute regarding the mandate given by me/us.

Signature of Policyholder Date: \_\_/\_\_/\_\_\_