



# Credit Card Mandate

**EXIDE Life**  
Insurance

**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.	
	<b>Policy Number*:</b> <input type="text"/>	<b>PDA Number*:</b> <input type="text"/>
	(In case of renewal payment)	(In case of new proposal)
	<b>Premium Amount :</b> <input type="text"/>	<b>Start Date:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>End Date:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Premium Frequency :</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly		
<b>Note:</b> "All monthly mode proposals/policies need to be in Direct Debit mode ONLY"		

PAYMENT DETAILS	<b>Name of Card Holder*:</b> <input type="text"/>
	<b>Name of the Proposer / Policy Holder*:</b> <input type="text"/>
	<b>Credit Card Type (Tick one)*:</b> <input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> Diners Club
	<b>Credit Card Number*:</b> <input type="text"/>
	<b>Expiry Date of your Credit Card*:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Issuing Bank*:</b> <input type="text"/>	
<b>Select your Option*:</b>	
<input type="checkbox"/> <b>One Time Request</b> (Tick here if you want to make the current premium as a onetime payment through Credit Card)	
<input type="checkbox"/> <b>Standing Instructions Request</b> (Tick here if you want to make the current premium & subsequent premium payments through Credit Card)	

CUSTOMER DETAILS	<b>Relationship of Bank A/c Holder with Policy Holder*:</b> <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent
	<b>Mobile Number*:</b> <input type="text"/>
	<b>E-mail ID*:</b> <input type="text"/>

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)
	7. To accommodate changes in the premium due to Goods & Services Tax (GST) changes and other statutory requirements, the mandate should be taken with the buffer premium amount

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. In case of payments made for lapsed policy, the NAV will be applicable on the date of reinstatement.		
<input type="checkbox"/> I/We hereby declare that the particulars given above are correct and complete in all respects.		
Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Place: <input type="text"/>		
<div><div><div></div><div>Signature of Credit Card Holder (If different from the Policy Holder)</div></div><div><div></div><div>Signature of Policy Holder</div></div></div>		