



भारतीय आयुर्विमा महामंडळ  
भारतीय जीवन बीमा निगम  
THE INSURANCE CORPORATION OF INDIA  
इ विभाग-३/ मुंबई मंडल-111 / MUMBAI DIVISION-111

LIFE INSURANCE CORPORATION OF INDIA  
POLICYHOLDERS MANDATE FORM FOR PAYING PREMIUM THROUGH  
ELECTRONIC CLEARANCE SERVICE (DEBIT CLEARING) - ECS

FORM A : ECS Mandate Form  
(TO BE SUBMITTED TO LIC BRANCH OFFICE)  
IMPORTANT : Kindly see the instruction on page - 3 before filling the form

NEW APPLICATION		CHANGE IN BANK DETAILS		CANCELLATION	
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Tick which is applicable and strike off the others)

IC's User code (Utility Code) for ECS is 4009056

(a) Name of the policyholder/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.				

(b) Tel. No. Res.: \_\_\_\_\_ Off : \_\_\_\_\_ Mobile No. \_\_\_\_\_

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

1. Particulars of Bank A/c (from which you want to pay the premium) :

a) Bank Name \_\_\_\_\_  
b) Bank Address \_\_\_\_\_

c) Name of the Account Holder/s \_\_\_\_\_

d) Account Type (Saving Bank Account - 10/Current A/c-11 or Cash/Credit - 13 \_\_\_\_\_)

e) Account Number (as appearing on the Cheque Book)

f) 9 Digit MICR CODE NUMBER of Bank and Branch

3. a) 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  
b) If in future my/our Bank Account is transferred to city where ECS facility is not available, a change of mode will be necessary which will involve change in premium (in case of ECS (MLY) mode)  
c) I/We agree that this Mandate will form an integral part of my/our proposal (only for new proposals)

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 authorize the Life Insurance Corporation of India to raise the debits on my/our Bank Account towards the said premium/s due referred above. If any transaction is delayed or not effected at all for the reason of incomplete or incorrect information or non-available of funds or closure of Account 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 Act, 1961. I /We have read the terms and conditions and I/We agree to the same

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

Relation of A/c Holder to the policy holder (1st Policy) \_\_\_\_\_ Signature of the A/c holder  
(in case the policyholder differs from that of the A/c Holder)

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

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