भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA	RN FOR OFF		Date*	
Sponsor Bank Code Tick(/)	LIC OF INDIA	to debit tick (∠)*	CA CC CSB-NE	E SB NRO Others
MODIFY Bank A/a number				
with Bank	ı	FSC	or MICR	
an amount of Rupees			₹	
FREQUENCY Monthly Quarter	rly CHalf Yearly CYearly	☐As & when presented I		Amount Maximum Amou
Policy No.	.,		Mobile No.	
Mandate ID F O R O F F	I C E U S E	ONLY	Email ID	
PERIOD	essing charges by the bank whom I am	authorizing a debit my account as per la	itest schedule for charges of the	bank.
From* D D M M Y Y Y Y	Signature of Primary Accor	unt Holder Signature of A	requet Holder 5	Signature of Account Holder
To Unit Constitut	orginatare are rimary recom	ant House Organize Organize	AND TOTAL	agnature of Account Figure
Or Until Cancelled	Name as in bank rec	ords 2. Name as in b	ank records 3.	Name as in bank records
This is to confirm the declaration has been carefully re I have understood that I am authorised to cancel/amer.			to the user entity/corporate or the t	ank where I have authorised the debit.
<				Courtesy by: PRASANNA KUMAR
	Bank a/c no. Your l		Tick ank account type	
as in Cheque/pass book) (as in Ch	eque/pass book) (as in	MICR code Cheque/pass book)		Mention the date
Mandatory M	andatory	Mandatory	Mandatory	
		7		
				①
भारतीय जीवन बीमा निगम UFE INSURANCE CORPORATION OF INDIA	RN FOR OFF	CEUS	N L Y Date*	
Tick(✓)		Utility Code		
MODIFY (3)	LIC OF INDIA	to debit tick (✓)* SB	_CA _CC _SB-NR	E SB NRO Others
CANCEL Bank A/c number		5)-SC		
with Bank	1i	SC	or MICR	5
an amount of Rupees				
FREQUENCY Monthly Quarter	ly Hall Yearly Yearly	As & when presented	Mobile No.	Maximum Amou
Mandate ID F O R O F F	I C E U S E	ONLY	Email ID	
I agree for the debit mandate proc	essing charges by the bank whom I am	authorizing a debit my account as per la		pank.
From* D D M M Y Y Y Y	9			
To D M M Y Y Y Y	Signature of Primary Accou	unt Holder Signature of Ac	coount Holder S	ignature of Account Holder
Or ✓ Until Cancelled	1. Name as in bank rec	ords 2. Name as in b	ank records 3.	Name as in bank records
This is to confirm the declaration has been carefully re- I have understood that I am authorised to cancel/amen				
				Courtesy by: PRASANNA KUMAR I
		Write		Write Mandate Amount
Write	Sign as per Bank records			
Write Payment Start date	(Sign as per Bank records (Sign of all account holders primary & Joint required)	Name of Bani holders - as per i	oank records	(In both figure & words) To be debited
Payment Start date	(Sign of all account holders primary & Joint required)	Name of Bani holders - as per i (All signatories na	pank records me required)	To be debited
	(Sign of all account holders	Name of Bani holders - as per i	pank records me required)	(In both figure & words) To be debited Mandatory
Payment Start date	(Sign of all account holders primary & Joint required)	Name of Bani holders - as per i (All signatories na	pank records me required)	To be debited
Payment Start date	(Sign of all account holders primary & Joint required) Mandatory	Name of Bani holders - as per i (All signatories na	pank records me required)	To be debited
Payment Start date	(Sign of all account holders primary & Joint required) Mandatory	Name of Bani holders - as per in (All signatories na Mandat ry columns to be filled	oank records ime required) ory	To be debited
Payment Start date Mandatory	(Sign of all account holders primary & Joint required) Mandatory Mandator	Name of Bani holders - as per in (All signatories na Mandate ry columns to be filled	oank records ime required) ory	Mandatory nk account number
Mandatory Date in DD/MM/YYYY format	(Sign of all account holders primary & Joint required) Mandatory Mandator Select the Acc	Name of Bani holders - as per it (All signatories na Mandat ry columns to be filled count type	3 Customer's ba	To be debited Mandatory nk account number