Debit Authority Letter

Date: | D | D | M | M | Y | Y | Y | Y |

To,
HDFC Bank Limited

Dear Sir,

Ref: Authority for Debiting Account

In the event of AVIVA Life Insurance Co. India Ltd availing E-Net facility from you which allows them to operate their account and do transactions online via Internet, we hereby unconditionally allow and authorize you to provide account operating rights (limited to giving instructions to debit the account towards Premium Payment) to AVIVA Life Insurance Company India Ltd. for our account/s with your Bank.

The account numbers are as follows:

Account No.: ________________

Account title/name: ______________________________

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This debit authority given by us to AVIVA Life Insurance Company India Ltd. with respect to our account is in addition to the existing operating instructions that we may have given at the Branch during account opening.

We agree and undertake not to hold HDFC bank Ltd. responsible against any damage, loss or injury of any nature whatsoever arising out of any transactions which may so take place in our account.

Thanking you,

______________________ ______________________

Account holder(s) signature Policyholder's signature

- -Tear here -

To be retained by AVIVA Life Insurance Co. India Ltd

To be filled in by Policy holder:

Proposal No./Policy No.: ______________________ *Account No. :* ______________________

Policyholders name : ______________________

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Policy holder's signature