

REGISTRATION CUM MANDATE FORM FOR DIRECT DEBIT FACILITY

Agent's Name and ARN

Sub Agent Code

INVESTORS INFORMATION

Name of First/Sole Applicant :

Permanent Account Number :

Name of Second Applicant :

Permanent Account Number :

Policy No.

Plan

Premium Amount :

Premium Frequency :

Premium Debit Date(To be filled by AVIVA)

SIP Period From To

SIGNATURE/S

Name of account holder as in bank account

Bank Name

First/Sole Applicant

Branch

Account Number

Second Applicant

9 digit MICR No.as appearing in the cheque

Authorisation of Bank Account Holder (to be signed by the Investor)This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing/Direct Debit/Standing Instruction and that my payment towards my investment in AVIVA Life Insurance shall be made from my /our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS(Debit Clearing/Direct Debit/Standing Instruction mandate form to get it verified &executed.

Bank Account Number

Signature/s

First Account Holder

Second Account Holder