

# REGISTRATION CUM MANDATE FORM FOR DIRECT DEBIT FACILITY WITH SBI



## Policy holder information

Name of Policy Holder : .....

Proposal No. : .....

Policy No. : .....

Premium Amount : .....

Premium Frequency : .....

## Account Holder's information

Name of account holder(as in Bank account)	First account holder
	Second/Joint Account Holder(s)
Bank Name	
Bank Branch	
Bank Account No.	
MICR No.(as appearing on the cheque)	

Premium Debit date ( to be filled by AVIVA) : .....

Mandate start date : ..... end date : .....

## Authorisation of Bank Account Holder

I hereby declare that the particulars given above are correct and complete. I am aware of the Standing Instruction payment option. I agree to discharge my responsibility expected of me as a participant under the option. I also give my consent to deduct the premium as per the variations in the premium amount in future due to change in Service Tax as per Government directives.

**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 policy in AVIVA Life Insurance shall be made from my /our below mentioned bank account with your bank. I/We authorise the representative carrying this mandate form (Debit Clearing/Direct Debit/Standing Instruction) to get it verified &executed.**

.....  
Signature of 1<sup>st</sup> Account Holder's

.....  
Signature of 2<sup>nd</sup>/Joint Account Holder's

.....  
Signature of Policy Holder  
(if different from Account Holder)

For details on our branch locations, please log on to [www.avivaindia.com](http://www.avivaindia.com) or call us at **18001802266** for a call back.