Mandate form



	UMRN		Offic	e use only			Date				
Sponsor Bank C		ode S	Utility Cod	le	SCBL00048000011888						
CREATE ✓ I/W	e hereby authorize	ICICI PRUDENTIAL	LIFE INSURANCE (OMPANY LIMITED	to d	ebit (tick √)	SB/CA	/CC/SB-	NRE/S	B-NRC	/Othe
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• This mandate will be applicable for revival of the policy/ policies mentioned above. • Request for cancellation of ACH/Direct Debit facility has to be provided 15 days prior to the due date or the same would be effective from the next premium due date. • Requests for payment mode change to ACH/Direct Debit has to be provided 30 days prior to the due date or the same would be effective from the next due date. • Data provided by the Company to complete the ACH/Direct Debit Mandate in case required information has not been filled. • Please save this acknowledgment till the transaction is complete. •The application will be effected on receipt of this form at an ICICI Prudential authorized centre, subject to terms and conditions mentioned in the policy document. •In future, if customer opts out of ACH/Direct Debit mode there may be increase in premium amount. •₹ 150/- per transaction will be recovered if the payment is dishonoured on due date of premium as per ACH/Direct Debit mandate given. •For ULIP policies, the NAV applicable will be of the premium due date or premium received date, whichever is later.