

Standing Instruction Mandate- PNB-Auto Debit / J&K Bank-Auto Debit / KBL-Auto Debit

Tick the applicable payment option to pay your Initial premium and renewal insurance premium: PNB Auto Debit-SI Including Initial Premium
 J&K Bank Auto Debit-Including Initial Premium KBL-Auto Debit
Mandate Reference Number (To be incorporated by after updating their system) _____
DC No. (To be incorporated by Jammu and Kashmir Bank, after updating their system) _____

Mandatory Fields for all options

Proposed Holder Name															
Policy/Application Number						PAN (Permanent Account No.)									
Mobile Number						Email									
Payment Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual					Amount in "INR" as mentioned in Application form									
Standing Instruction Start Date : ____/____/____ (DD/MM/YY)							Standing Instruction End Date : ____/____/____ (DD/MM/YY)								
(Note - Start and end date for PNB Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit for first premium will be date of creation of mandate in bank records)															

Please fill the following information if the chosen Standing Instruction option is PNB-Auto Debit or J&K Bank-Auto Debit or KBL-Auto Debit

Yes, I have attached a copy of cancelled bank cheque for PNB – Auto Debit / J&K Bank-Auto Debit / KBL-Auto Debit

Bank Account Number:						BANK SOL ID * (Only for PNB Account)									
Name of the Account Holder as per bank records: (Mr./Mrs./Ms./Dr./M/s.)						Account Type (Please select one)	<input type="checkbox"/> Savings <input type="checkbox"/> Total Freedom <input type="checkbox"/> Overdraft <input type="checkbox"/> Salary <input type="checkbox"/> Cash Credit <input type="checkbox"/> Loan Account <input type="checkbox"/> Others								
Name and Address of the Bank/Branch															
9 Digit MICR Code						Date on which Debit to be initiated (Please select one)	<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th								

Declaration by the Policy Owner
I hereby declare that the particulars given above are correct and complete in all respects. I authorize PNB MetLife India Insurance Company Limited. (the "Company") and/or its authorized service provider/Bank to collect the amounts as may be due on account of payment for life insurance premium(s) payable on and/or pursuant to the life insurance proposal(s) policy(ies), and Rider(s) (if any), as issued by the Company. I understand and agree that premium amount to be debited from my account may vary due to change in tax structure, counter offers, revised premiums, additional insurance/ riders. In the event of my bank being unable to debit my account, for whatsoever reason, I will pay insurance premium directly to the Company. I will also inform the Company for any changes in my Bank Account.

** Amounts may vary due to taxes (including but not limited to any change in applicable tax rates), counter offer, revised premiums, additional insurance/ riders.
Please Note: Standing Instruction Debit Date will be the Premium Due date or the next banking day, if the due date is a banking holiday.

Terms and Conditions

The Proposer/ Policy Owner confirms, understands and agrees that:

- Without prejudice to any rights of the Company/ its authorised service provider/ the Bank the Policy Owner will indemnify and hold the Company / its authorised service provider / the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorised service provider / the Bank arising out of any acts of omission or commission or negligence on the part of the Proposer/ Policy Owner.
- In case the customer intends to cancel the Direct Debit mandate he/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of Direct Debit mandate and the same shall be processed by PNB MetLife at no extra charges.
- The Company / its authorised service provider / the Bank shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control.
- The Company is authorized to enable the Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit facility for the premium payments and in the instance of Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit dishonor, to re-debit the Policy Owner/ Account Holder's account with the mentioned bank to recover the premium payable.
- In order to validate Auto Debit Mandate, PNB MetLife is authorized to debit customers' account with Re. 1 which would be refunded back into customer's account.
- In case debit date is not selected, debit date would be based on policy effective date. In case the debit date is a holiday, debit would be initiated for next working day.

Please tick (✓) in case of : Vernacular Illiterate If Selected Please Complete The Additional Declaration Form

DECLARATION :The contents of this mandate has been read over and explained to me in vernacular. I have understood the contents completely and have furnished the information and instruction contained herein out of my free will and volition, after fully understanding the contents thereof, I hereby certify the contents hereof as true and correct.
Signature OR Left Thumb Impression of the customer _____ Date: _____

Name: _____ Place: _____
Name and Counter Signature of the person who have explained the contents to the customer in vernacular.....

Authorization of Policy Owner

This is to state that I have registered for the Direct Debit / PNB-Auto Debit/ J&K Bank Auto Debit and that my premium payment shall be made from the above mentioned Account with your bank. I hereby authorize the representative carrying this Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit mandate form to get it verified and /or executed.
Account Holder's Signature (As in Bank Record): _____ Account Number : _____

Certificate of the Bank Named in the Mandate (to be filled in case of Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit)

It is certified that the particulars of the Mandate above are correct, and the Signature of the Bank Account Holder, is true, as per our records and that a copy of this form duly completed has been submitted to us.
Bank's Stamp : _____ Signature of the Authorized official of the Bank: _____
Place: _____ Date: _____

If the chosen option is PNB-Auto Debit, please also fill the below mentioned details.
GBPA Code of signature verifying authority : _____

ACH Form (Automated Clearing House)

Please fill the following mandatory fields – (1) Date (2) Bank a/c number (3) Bank name (4) IFSC/MICR Code (5) Amount (6) Policy No./application No in "Reference 1 column" (7) Account holder signature (8) Account holder name (9) Date on which Debit to be initiated
 Date on which Debit to be initiated (Please select one) 1st 7th 15th 25th



UMRN **T O B E F I L L E D B Y B A N K** Date **D D M M Y Y Y Y**
 Utility Code **H D F C 0 0 7 9 9 0 0 0 0 9 6 5 7** CREATE MODIFY CANCEL

Sponsor Bank Code **HDFC000060** I/We hereby authorize **PNB MetLife India Insurance Company Limited.**
 to debit (tick✓) SB/CA/CC/SB-NRE / SB-NRO /Other Bank a/c number _____
 with Bank _____ Name of customers bank _____ IFSC/MICR _____
 an amount of Rupees _____ ₹ _____
DEBIT TYPE Fixed Amount Maximum Amount **FREQUENCY** Mthly Qtly H-Yrly Yrly As & when presented
 Reference 1 _____ Reference 2 _____

1. I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.
 2. This is to confirm that the declaration has been carefully read, understood & made by me/ us. I am authorizing the User entity/ Corporate to debit my account.
 3. I have understood that I am authorized to cancel/ amend this mandate by appropriately communication the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

From **D D M M Y Y Y Y**
 To **D D M M Y Y Y Y**
 Or **Until Cancelled**
 _____ Signature of Primary Account Holder _____ Signature of account holder _____ Signature of account holder _____
 Phone No. _____ 1. _____ Name as in Bank Records 2. _____ Name as in Bank Records 3. _____ Name as in Bank Records

Note - Please do not mention anything in Reference 2 and Period (From/ To) fields.

Terms and Conditions

The Proposer/ Proposed Owner confirms, understands and agrees that:

- Without prejudice to any rights of the Company/ its authorized service provider/ the Bank the Proposed Owner will indemnify and hold the Company / its authorized service provider / the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorized service provider / the Bank arising out of any acts of omission or commission or negligence on the part of the Proposer/ Policy Owner.
- In case the customer intends to cancel the ACH mandate he/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of ACH mandate and the same shall be processed by PNB MetLife at no extra charges.
- The Company / its authorized service provider / the Bank shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control.
- The Company is authorized to enable the ACH facility for the premium payments and in the instance of ACH dishonor, to re-debit the Proposed Owner/ Account Holder's account with the mentioned bank to recover the premium payable.
- The company does not levy any additional charges towards cancellation of the ACH mode/recover such additional charges from the benefits payable under the policy. Maximum amount not to exceed 200% of model premium amount. Higher amount is to be written to accommodate any increase in premium due to changes in service tax, scheduled increase as per product specification and changes in frequency payment.
- In case debit date is not selected, debit date would be based on policy effective date. In case the debit date is a holiday, debit would be initiated for next working day.

Declaration by Policy Owner

I/We hereby apply for PNB MetLife India Insurance Company Limited. Auto Debit facility after having read and accepted all the Terms and Conditions mentioned herein. I/We hereby declare that the particulars given in this form are correct and complete. I/We also authorise the above mentioned bank to debit my account for any charges applicable for to this service.

- Yes, I/We have enclosed Cancelled Cheque with Preprinted Account Holder Name & Bank Account Number
 Yes, I/We have enclosed Bank Account Statement / Pass Book Copy along with Cancelled Cheque (only if, A/C Details are not Preprinted on the Cancelled Cheque)

 Signature of Policy Owner

 Policy Owner Name

Do's and Don'ts for filling an ACH Mandate

Do's

- Always use the latest version of ACH mandate
- Use only original form of the mandate
- Signature should match with bank a/c signature
- Name should match with bank a/c name
- Account number should be correct
- Provide a cancelled cheque along with form
- Company stamp is mandatory in proprietor account

Don'ts

- Don't use any old mandate
- Don't use Photocopy of the mandate
- Signature should not differ with bank a/c
- Name should not differ with bank a/c name
- Avoid mistakes while writing your a/c number
- Avoid cutting or overwriting on the form
- Avoid sending forms without company stamp