3				
WILLC NAC	FORM			Date D D M M Y Y Y Y
भारतीय जीवन बीमा निगम एक कालकार ट्राल्टिशिय के काल Tick (🗸)	Sponsor Bank Code	KKBK <u>o</u> rtgsmi	Utility Code	4009056
CREATE I/We	hereby authorize	LIC OF INDIA	to debit (tick 🗸) SB	CA CC SB-NRE SB-NRO Other
CANCEL Bank	a/c number			
with Bank Name of Customer's Bank IFSC or MICR or MICR				
an amount of Rupees				₹
FREQUENCY	Mthly Qtly H-Yrly	Yrly As & when presented	DEBIT TYPE	Fixed Amount Maximum Amount
Policy No.	Mobile		No. +91	
Division Code	ode D037		I ID	
I agree for debit of mandate processing charges by the bank I am authorizing to debit my a/c as per latest schedule of charges of the bank.				
PERIOD —				
From DDDMMMJYYYYY Signature of A/c Holder		Signature of A	Signature of Ale Holder Signature of Ale Holder	
End Date D D M M Y Y Y Y				
1. Name of Aic Holder		9 Name of Aic	Holder Name of Arc Holder	
This is to confirm that the declaration had been carefully read, understood & made by me / us. I am authorizing LIC of India to debit my A/c as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment to LIC of India				