DIRECT DEBIT APPLICATION FORM

AVIVA Life Insurance

Instructions for Premium payment through Debit from Bank account

Date: D D M M Y Y Y Y

Aviva Life Insurance Company India Ltd.
Aviva Tower, Sector Road, Opposite DLF Golf Course,
DLF Phase V, Sector 43, Gurgaon-122003.

Dear Sir,

Re: Authorization to pay Insurance Premium amount through Debit from Bank Account.

I, the undersigned hold a valid Policy bearing No. _____ OR Application bearing No. _____

I wish to avail of the direct debit facility and hereby express my unconditional consent to debit premium payment of my policy referred to above through a debit from my bank account.

I, hereby declare that the particulars given are correct and complete. I understand and accept that the transaction will be effected on the due date of the policy (next working day in case the due date falls on a holiday). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold the company /user institution responsible. I agree to discharge the responsibility expected of me as a participant availing the facility.

*Primary Account Holder's Signature	Joint Account Holder's Signature 1	Joint Account Holder's Signature 2	Policy Holder's Signature
(*Only if Primary Account Holder differs from Policy Holder)	(Signature of all account holders is mandatory)		

I hereby authorize Aviva to debit my bank account for my premium payments. The details of my Bank Account are mentioned below:

PARTICULARS OF BANK ACCOUNT (TO BE FILLED IN CAPITAL LETTERS)

a. Name of the Primary Account Holder (as in the bank account) : .....

b. Bank Name : .....

c. Branch Address : .....

d. 9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank

e. Account Type: ❒ Savings Account ❒ Current Account ❒ Others

f. Account Number : (As appearing on the cheque book)

❒ Yes, I have attached a photocopy of a blank cheque or a blank cancelled cheque.

g. Start Date: D D M M Y Y Y Y End Date: D D M M Y Y Y Y and Upper Limit of the premium amount

PREMIUM PAYMENT FREQUENCY

From ❒ Yearly ❒ Half-Yearly ❒ Quarterly ❒ Monthly

Contact Numbers STD Residence STD Office Mobile

Certified that the particulars furnished above are correct as per our records.

Date: D D M M Y Y Y Y Bank's Stamp: Signature of Authorised Bank Official:

SECTION B

To be retained by your Bank

To,
The Manager

Bank Name .....

Branch Address.....

.....

Dear Sir/Madam, I, the undersigned hold a valid Policy number _____ with Aviva Life Insurance Company Limited ('company') and wish to avail of the facility of Debit from my bank account towards payment of my monthly/half-yearly/ yearly policy premium, due to the Company, by debit my account number ..... maintained with the Bank. I hereby authorise you to honour all such instructions for payment of my dues on my Aviva Life Insurance Company India Limited Policy/ Policies. I/we further authorise the Company/its representative to get this mandate verified and registered with you. Mandate Verification charges if any may be debited to my/our account.

I further request you to inform Aviva Life Insurance Company India Limited of any change in the status of my account. In case I wish to revoke the above authorisation for any reasons whatsoever, I undertake to inform Aviva Life Insurance Company India Limited after giving an advance notice of two months in writing.

***Primary Account Holder's Signature**	**Policy Holder's Signature**
(*Only if Primary Account Holder differs from Policy Holder)	
Joint Account Holder's Signature 1	**Joint Account Holder's Signature 2**
(Signature of all account holders is mandatory)	

For details on our branch locations, please log on to **www.avivaindia.com**

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