



**NACH MANDATE FORM**

UMRN

Date

Tick    
CREATE    
MODIFY    
CANCEL

Sponsor Bank's Code  Utility Code

I/We hereby authorize  to debit (tick )

Bank Account No.

With Bank  IFSC  or MICR

an amount of Rs.  ₹

Frequency  Mly  Qty  Hly  Yly  As and when presented Debit Type  Fixed Amount  Maximum Amount

Policy No.  Mobile No.

Division Code  Email ID

I agree for debit of mandate processing charges by the bank whom I am authorizing to debit my a/c as per latest schedule of charges of the bank.

PERIOD

From

To

Until Cancelled

Signature of A/c Holder \_\_\_\_\_

Signature of A/c Holder \_\_\_\_\_

Signature of A/c Holder \_\_\_\_\_

Name of A/c Holder \_\_\_\_\_

Name of A/c Holder \_\_\_\_\_

Name of A/c Holder \_\_\_\_\_

This is to confirm that the declaration has 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.