



भारतीय जीवन बीमा निगम

Life Insurance Corporation of India

Central Office, Yogakshema, Mumbai

Office Services Department.

Tel.No 56598414/15/21, Fax-No 22045607,22810699, E-mail liccoeos@bom3.vsnl..net.in

**MANDATE FORM FOR PAYING MEDICLAIM PREMIUM THROUGH ELECTRONIC CLEARANCE SYSTEM (DEBIT CLEARING)**

1. (a) Name of the Pensioner \_\_\_\_\_  
(in block letters) Name Middle Name Surname

(b) Mediclaim Premium \_\_\_\_\_

(c) Address : \_\_\_\_\_

(d) Tel. Nos. \_\_\_\_\_ Mobile No. \_\_\_\_\_

(e) Email ID \_\_\_\_\_

2. Particulars of Bank A/c (from which you want to pay the premium)

(a) Bank Name \_\_\_\_\_

(b) Branch Name & Address \_\_\_\_\_

(c) Name of the Account Holder \_\_\_\_\_

(d) Account Type (Saving Bank Account/Current A/c or Cash/Credit) with code 10/11/13) \_\_\_\_\_

(e) Account Number (as appearing on the Cheque Book) \_\_\_\_\_

(f) 9 Digit MICR CODE NUMBER OF THE BANK AND BRANCH \_\_\_\_\_  
(Attach a photocopy/cancelled leave of your Cheque)

I, hereby, declare that the particulars given above are correct and complete. I being the holder of the above policy express my willingness to remit the premium referred to above through participation in ECS of national Clearing Cell of Reserve Bank of India and hereby authorize the Life Insurance Corporation of India to raise the debits on my Bank Account towards the said premium due referred to above. If any transaction is delayed or not effected at all for the reasons of incomplete or incorrect information or non-availability of funds or closure of Accounts, etc.. I would not hold LIC or the user institution responsible.

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

Date: Bank Seal: Signature of Bank Official

Date :

Place :

Signature of the A/c holder / Pensioner