

# NATIONAL AUTOMATED CLEARING HOUSE (NACH) MANDATE FORM

NACH option is a mandate to automatically pay your RENEWAL PREMIUMS ONLY by debiting the bank account specified by you, on / around the due date.

<p><b>PLEASE FILL THE FORM IN BLOCK LETTERS</b></p> <p><b>PLEASE FILL THE FORM WITH UTMOST CARE</b></p> <p><b>NO OVERWRITING/WHITENER USAGE ALLOWED</b></p> <p><b>PLEASE STRIKE OUT PARTS, WHICH ARE NOT APPLICABLE AND WRITE 'N.A.' STROKES OF THE PEN, DOTS AND DASHES WILL NOT BE ACCEPTED AS REPLIES.</b></p>	<p><b>Important Note:</b></p> <ul style="list-style-type: none"> <li>Please read the terms &amp; condition before completing this form.</li> <li>Please ensure that this mandate form reaches the company at least 30 days prior to the next premium due date.</li> <li>Incase of applying for multiple policies, please fill separate mandate for each policy.</li> <li>In case of any modification/ revision in the policy terms or premium, if You do not agree with the revision, You may choose to opt out of the NACH facility, informing the insurer at least fifteen days prior to the premium due date.</li> </ul> <p>Authorization of customer to pay insurance premium of ManipalCigna Health insurance Company Limited, through NACH facility.</p>
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## PARTICULARS OF THE POLICY HOLDER

Name of the Policyholder :	<input type="text"/>
Policy / Proposal Number :	<input type="text"/>

**BANK ACCOUNT HOLDER'S RELATIONSHIP WITH POLICYHOLDER Please tick (✓)**

<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent/ Grand Parent/Child	<input type="checkbox"/> Employer/Employee
<input type="checkbox"/> HUF	<input type="checkbox"/> Sole Proprietorship Concern of Self/Spouse	<input type="checkbox"/> Proprietorship Concern of Parent/Grandparent/Children	

**Note:**

- If the Account holder is different from the current payor in the Policy, the KYC and AML documents shall be submitted (if required)
- If joint account is NOT an either or survivor account, both account holders' signatures are mandatory

**Please tick (✓)**

I have enclosed Cancelled Cheque with Preprinted Account Holder Name & Bank Account Number.

I have enclosed Bank Account Statement/ Pass Book Copy along with Cancelled Cheque (only if Account Details are not Preprinted on the Cancelled Cheque)

I authorize ManipalCigna Health Insurance Company Ltd. (ManipalCigna) (Formerly known as CignaTTK Health Insurance Company Limited) to debit my bank account towards payment of applicable premium for renewal of the policy. I understand and agree that the premium amount to be debited may vary due to loading charges on underwriting, if any, and changes in statutory taxes applicable from time to time.

UMRN	<input type="text"/>		* DD MM YYYY	<input type="text"/>
Tick (✓)	Sponsor Bank Code	ICIC0TREA00	Utility Code	NACH00000000019491
CREATE <input checked="" type="checkbox"/>	I/We hereby authorize		ManipalCigna Health Insurance Co. Ltd.	*to debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / Other
MODIFY <input type="checkbox"/>				
CANCEL <input type="checkbox"/>	*Bank a/c number	<input type="text"/>		
*With Bank	Name Bank	*IFSC	or MICR	
*an amount of Rupees	<input type="text"/>			
FREQUENCY	<input type="checkbox"/> Mithly	<input type="checkbox"/> Qtly	<input type="checkbox"/> H-Yrly	<input type="checkbox"/> Yrly
	<input checked="" type="checkbox"/> As & when presented			DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
*Reference 1	Policy Number		*Phone No.	<input type="text"/>
Reference 2	<input type="text"/>		*Email ID	<input type="text"/>
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				
<b>PERIOD</b>	Maximum period of validity of this mandate is 40 years only			
*From	DD MM YYYY			
To	<input type="text"/>			
Maximum period of validity of this mandate is 40 years only	*Signature of Primary Account holder	Signature of Account holder	Signature of Account holder	
	_____ *1. Name as in bank records	_____ 2. Name as in bank records	_____ 3. Name as in bank records	

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, based on instructions as agreed and signed by me. I have understood that. I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/corporate or the bank when I have authorized the debt.

**DECLARATION FOR NACH**

1. I hereby declare that the above information is correct and complete.
2. I acknowledge that I have read, understood and agree to be bound by the "Terms and Conditions" detailed in this form, as are currently in effect and as may be amended by ManipalCigna from time to time.
3. I wish to avail of the NACH facility and hereby express my unconditional consent to debit my above mentioned account through NACH for premiums of ManipalCigna Health Policy (including rider, if opted).
4. I understand and accept that the transaction will be effected into the policy on not exceeding two working days prior to the due date. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold ManipalCigna responsible. Any charges/ penalty levied towards this facility shall not be payable by ManipalCigna. In case of failure of transaction or non-receipt of the renewal premium, the policy will not be renewed and it will terminate by the end of the grace period.
5. I authorize the above mentioned bank to debit my bank account if my NACH mandate is active and until I give a written request for cancellation of NACH.
6. I hereby authorize ManipalCigna, to enable the NACH facility for my premium payments and in the instance of NACH debit dishonor, to re-debit my account with the mentioned bank to recover the premium payable.
7. I understand and agree that the submission of this form does not mean that the request will be processed.
8. I understand that I will keep the policy in force to avail any benefit from ManipalCigna.
9. I understand that any payout under the policy by ManipalCigna shall be strictly in accordance with the policy terms and conditions. Also any payment shall be subject to realisation of the last renewal premium payment by ManipalCigna and subject to policy being in force.
10. I also understand and agree that the Company reserves the right to use any alternative payment option.
11. I understand that I have an option to discontinue the premium payment through NACH facility by informing the insurer at least fifteen days prior to the premium due date.
12. If the policy is discontinued or terminated, NACH facility will be deactivated for the policy and no further premium would be debited from customer's registered account.

Application Date 

Maximum Amount: ₹ \_\_\_\_\_

Accountholder's Signature

2nd Signature  
(in case of Joint account holder)Policyholder's Signature  
(if Accountholder differs from policyholder)**IN CASE SIGNATURE OF THE POLICYHOLDER IS IN VERNACULAR.**

Note: The below must be witnessed by someone other than advisor/ employee of the company. The signature of the Policyholder should be attested by a person of standing whose identity can easily be established and this declaration should be made by him/her.

I \_\_\_\_\_ (name) holding \_\_\_\_\_ (Identity Card type) \_\_\_\_\_ (Identity Card no.) hereby declare that I have explained the contents of the Debit form to the Policyholder in \_\_\_\_\_ language and that I have read out to the Policyholder the information dictated by the Policyholder. The information filled in the Debit form is the exact replication of the information provided to me by the Policyholder and that the Policyholder has affixed his/her signature on the Debit form after fully understanding the contents thereof.

**Witness Details:**Name: ID Proof Type:  ID Proof Number: 

Signature of the Person making the Declaration

**Instructions to fill mandate:**

1. UMRN- To be left blank
2. Date in DD/MM/YYYY format
3. Sponsor Bank IFSC Code – <<XXXXXXXXXX>> already printed
4. Utility Code – Unique Code of the entity to whom the mandate is being given- Already printed
5. Name of the entity to whom the mandate is being given – Already printed
6. Account type – SB/ CA/ CC/ SB- NRE/ SB- NRO/ OTHER
7. Tick- Select your appropriate action
  - a. Create – For New Mandate
  - b. Modify – For Changes/ Amendment on existing mandate
  - c. Cancel – For Cancelling the existing registered mandate
8. Customer's bank account number for debiting the account
9. Name of Bank
10. Customer bank's IFSC code or MICR code
11. Amount in Words
12. Amount in figures
13. Frequency at which the debit should happen
14. Whether the amount is fixed or variable
15. Reference 1 – Policy no of the customer
16. Reference 2 – Any reference as requested by ManipalCigna Health Insurance Company Ltd
17. Customer's phone number with STD code
18. Customer's email id
19. Period for which debit mandate is valid. Kindly enter 'Start date'.
20. Signature of the accountholder
21. Name of the account holder

This is not a part of Proposal Form