7S APPLICATION FOR ELECTRONIC PAYOUT MODE



At the time of submitting the form, please provide a copy of Polic cancelled cheque having A/c No. Additional documents may be requir All future communication will be sent to the mailing address which is	ed for verification at the discretion of the branch.	Barcode
is updated with us. The Company will not be liable for any loss arising from non receipt of communication. This electronic mandate request will apply to all policies held by you with ICICI Prudential where no mandate is currently attached.		
Policy Number	,, ,, ,, ,, ,	Dete D D M M V V V V
		Date D D M M Y Y Y Y
		Surname
STD Residence E-Mail ID	STD Office Ext.	ISD Mobile
All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The Contact details mentioned above will be updated for all future communication)		
PAYMENT DETAILS Please select one of the following payout options:		
Direct Credit (This will be a direct transfer to your bank account) Cheque Dispatch (Will be sent to the communication address as per Company records)		
Name of Bank Account Holder		
Bank Name		
Branch Name		
Bank Account Number		
Bank Account Type Savings Curre	*	PERSONAL BANKING : SAVINGS ACCOUNT DATE PAY
Sum Account Type	RUPEES	OR REARER Rs.
MICR Code (You		Alo No. Astrois Opportunistra ICI Barnic ank Limits Control Bardic Control Bardic
IFSC Code	(You can get this code from your bank))>>	#338894# 400229043# 50672## 31
payment under shall be subject to realisation of the last renewal premium payment. I hereby declare that the particulars given in this form are true, correct and complete in all aspects. I take full responsibility of genuineness and correctness of the details filled herein. If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information, I shall not hold the company responsible in any manner whatsoever. Further, I understand that the company shall not be held responsible for any non receipt of payment on account of wrong/ incorrect/ incomplete information given by me in this form. I also understand and agree that the Company reserves the right to use any alternative payout option. Payout will be made to Savings Account only. Bank account number provided in this form should match with the account number appearing on the cheque. The account number must be pre-printed. I/We further confirm that the account details provided herein are not pertaining to NRE account and NRE payouts will be processed by cheque only. I/We understand and agree to inform ICICI Prudential with an advance notice of 6 weeks; in case I/we desire to change my bank details or withdraw the current mode of payment due to any reason, however, ICICI Prudential shall retain the right to accept/reject this in case the revised bank details are not enabled under this NETF Tramework. In case details are not submitted 6 weeks in advance, then any payments falling due in the interim period shall be processed and sent by the Company by way of cheque at your communication address last registered with us. This mandate shall then be used for future payments, if any. I/We understand and agree that for cases where the payout cannot be processed via NEFT by ICICI Prudential, payout will be processed through cheque.		
Signature of the Proposer		
FOR OFFICE USE ONLY:		
ER Request submitted by C S CR CS	-	
Spaarc Call ID	Date DDMM YYYY	STAMP &
Scanning Cabinet	Received By	TIME
Remarks		-
ACKNOWLEDGMENT SLIP This is to acknowledge the receipt of application for payout mode: Direct Credit Cheque Dispatch Policy Number Date Date		STAMP & TIME
Received By		
 Note: • This electronic mandate request will apply to all policies held by you with ICICI Prudential where no mandate is currently attached. • Please save this acknowledgment till the transaction is complete. The application will be effected on receipt of this form at an ICICI Prudential authorized centre, subject to terms and conditions mentioned in the policy document. • Please contact any of our touch points to know more about any of the Payout Modes mentioned above. 		

Kindly call our Customer Service Number 1860-266-7766 (local charges apply)
Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)

Communication Address

ICICI Prudential Life Insurance Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097.