

Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

☐ Renewal Premium

Date:

D	D
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M	M
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Y	Y	Y	Y
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Address: _____

Pin Code: _____

[illegible][illegible]

Credit Card Expiry Date:

[illegible]

Payor's relationship with Policy Holder: ☐ Self ☐ Parent ☐ Spouse ☐ Others, Specify _____

Mode of Payment: ☐ Annual ☐ Semi Annual ☐ Quarterly ☐ Monthly

Note : Please attach a photocopy of the front side of your credit card.

Declaration:

1. I am the policy holder of the said policy.
2. The credit card as mentioned is in my name.
3. I hereby agree to make payments of premium to, and authorise Edelweiss Life Insurance Co. Ltd. to debit the given Credit Card account with the amount of the premium as would be applicable for the insurance plan and policy chosen by me.
4. In case of renewal premiums these instructions are valid on an ongoing basis till I issue instructions to the contrary in writing to Edelweiss Life Insurance.
5. I understand and agree that the risk under the insurance plan and the policy will be assumed by Edelweiss Life Insurance only after getting credit of the amount of premium and not earlier.
6. I hereby agree and confirm that the credit card issuing bank is not acting as an agent of either Edelweiss Life Insurance or myself in accepting the debit requests on the credit card account for the premium amount payable under the policy, in any manner.
7. I hereby agree that non-receipt of premium payable under the policy shall result in the policy becoming void. In case of non-receipt of the renewal premiums, the same may result in lapsation of the policy. Such lapsation is governed by the terms & conditions of the said policy.
8. I understand and agree that in event my credit card account expires, or is not renewed by me for any reason I shall comply with the Company's direction in ensuring that any premium amount payable by me is paid to Company through any of the modes of payment prevailing and made available by the company at that point of time.

For Branch Office Use

Service Request No.: _____

Branch Name: _____

Staff Name: _____

Staff Sign: _____

☐ Front side photocopy of credit card is attached.

Date and Time Stamp

Signature of the Credit Card Holder

Signature of the Policy Holder

Please note that credit card standing instruction can be withdrawn by you by giving a written request 15 days prior to debit date.

*KYC document to be collected as per Service Request

Acknowledgement Slip

Received a request for Credit Card Authorisation for policy no.: _____ on

D	D
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M	M
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Y	Y	Y	Y
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 at _____ a.m./p.m.



Office:
Edelweiss Life Insurance Co. Ltd.
6th Floor, Tower 3, Wing 'B', Kohinoor City,
Kiorl Road, Kurla (W), Mumbai 400070.
Toll Free : 1800 212 1212 | Fax No.: +91 22 7100 4133
www.edelweisslife.in

Stamp/ Seal of the Branch