

**LIC**भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA**(TO BE SUBMITTED TO YOUR SERVICING ZONAL
IPP CELL).****ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)****MANDATE FORM****(For Resident and Non-Resident Indians)**

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| 1. | Policy No./s. | |
| 2. | Name,Address, Tel.No.Resi/Office Email ID of the Annuitant | |
| 3. | Bank Name, Branch Name, Address, Tel.Nos.,Email ID. | |
| 4. | 9 Digit MICR Code No. of Bank | |
| 5. | Account Type (Specify) (Savings/Current/Cash Credit /NRO/NRE/FCNR etc. A/c.) | |
| 6. | Bank Account No. (as appearing on Cheque Book) | |

I hereby declare that the above particulars are correct and complete. If the transaction is delayed or not effected for reason of incomplete or incorrect information, the Life Insurance Corporation of India is not responsible for the same.

Date :

Annuitant's Signature

(Kindly enclose a cancelled cheque leaf of the Bank Account to which the annuitant desires the annuity amount to be credited.).