

ANNEXURE A**LIFE INSURANCE CORPORATION OF INDIA**

To:

LIFE INSURANCE CORPORATION OF INDIA

Branch: - _____

Sub: Request for Registration of eNACH

I am giving below the details of my Bank account for:

Registration of eNACH / Change of Bank - _____ (specify the option)

1	Policy No.										
2	Bank Name										
3	Bank Branch Address										
4	Account Type	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Current	(Please ✓ appropriate account type)					
5	Account No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6	IFSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7	Name of Account Holder										
8	Mobile No.	+91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	E-Mail ID										

(All fields are compulsory)

I understand that it is my responsibility to validate the eNACH mandate online by using my Debit card / net banking details.

I understand that in case of failure on my part to initiate the eNACH Mandate registration within 3 days from the receipt of the Link provided by LIC, my policy will remain in non-NACH mode of payment / my existing bank account details shall remain and not be updated. Following documents are attached to this effect. (Please ✓ appropriate item):

A. Cancelled cheque leaf.

B. if cheque does not have name of Account Holder, then Photocopy of the page of Bank Passbook containing details of Bank accounts number, IFS code.

Signature of the Account HolderSignature of the Policy Holder

Date: _____