

# Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



# ADITYA BIRLA CAPITAL

PROTECTING INVESTING FINANCING ADVISING

## Credit Card Authorisation Form

All the information is to be filled in BLOCK LETTERS.

I hereby authorise Aditya Birla Sun Life Insurance Company Limited (ABSLI) to debit my Credit Card account for collection of

Initial Premium  Renewal Premiums  Initial & Renewal Premiums

Name of the Policy Owner :

Preferred Mode of Payment

Policy/Application number: a)   Annual  Semi Annual  Quarterly  Monthly  
b)   Annual  Semi Annual  Quarterly  Monthly

Type of Card  VISA  MASTERCARD  Diner's Card

Credit Card holder's name:

Credit Card number  Expiry Date  One Time Payment

Payer's relationship with Policy Owner:  Self  Parent  Spouse  Employer/Employee  Karta HUF

Issuing Bank:  Date of Birth:

In case of any pending dues required to activate your credit card, do you authorize Aditya Birla Sun Life Insurance Company Limited (ABSLI) to deduct the amount from your card.  Yes  No

**IMPORTANT:** Please attach a photocopy ONLY of the front side of your Credit Card

I understand and agree that:

- The credit card as mentioned above is in my name.
- I understand and agree that the risk under the insurance plan and the policy will be assumed by ABSLI only after getting credit of the amount of premium and not earlier.
- I hereby agree that non-receipt of initial 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 and condition of the said policy.
- I hereby agree and confirm that the credit card issuing bank is not acting as an agent of either ABSLI or my self in accepting the debit requests on the credit card account for the premium accounts, or otherwise dealing with the premium amount(s) payable under the policy, in any manner.
- In case of renewal premiums, these instructions are valid on an ongoing basis till I issue instructions to the contrary in writing to ABSLI.
- In case of cancellation/ substitution/non-renewal of the card, I am responsible for informing ABSLI in writing and comply with ABSLI direction in ensuring that any premium amount(s) payable to ABSLI is paid. Also in case of credit card subscription renewal, I undertake to submit fresh copies of the front side of the new credit card.
- In case the transaction is declined, I am solely responsible for paying the premium.
- I undertake to unconditionally honor and pay the premium amount when I am billed for the same by the above mentioned bank.
- ABSLI reserves the right to withdraw the said facility without assigning any reason whatsoever.
- I agree that all taxes (GST) levied from time to time by the government will be recovered in addition to the premium amount.
- If the payment mode is monthly and I cancel the Direct Debit from Credit Card facility, the premium payment mode will be changed to Quarterly.
- As payments will be through my Credit Card, premium payment notices will not be sent.
- The expiry my Credit Card should fall at least 3 months after the receipt of my request at ABSLI's end.
- I hereby agree to the deduction of premium due arising on account of my request for change in frequency.
- I also agree to any deduction of GST, other charges and interest as and when required over and above the amount mentioned as premium.
- For premium payments received through international master/visa credit cards, the refund amount if any will be transferred bank to the card in INR. Any exchange loss / gain liability rests with me. I hereby agree and confirm that the above details provided by me are true and correct. I request you to update above information in your records. I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to my above Policy.

Date:

Place:

Policy Owner's Signature

Card Holder's Signature  
(As it appears on the Credit Card)

Witness Signature

Relationship with Policy Owner:

Please collect stamped, signed and filled up acknowledgment slip, which you can refer to for all your communications in regard to this request.

Credit Card Authorisation

Acknowledgment of application for

Policy/Application Number: a)

b)

Date:

Name of the Policy Owner:

Date Stamp and Time

Reference Number:  Branch:

Received by:

Aditya Birla Sun Life Insurance Company Limited  
(Formerly known as Birla Sun Life Insurance Company Limited)  
Regn. No.: 109. Regd Office: One Indiabulls Centre, Tower 1,  
16<sup>th</sup> Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg,  
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