

To

**The Manager (Operations)
SBI Life Insurance Company Ltd.
Central Processing Centre, Kapas Bhavan,
Plot no.3A, Sector No.10, CBD Belapur
Navi Mumbai – 400 614**

Regular Premium payment through Standing Instruction on Credit Card

I would like to enjoy the freedom of automatic debit of my regular premiums due on my Insurance Policy, to my Credit Card account and I hereby authorize SBI Life Insurance Co. Ltd. to effect the same as per the particulars mentioned below.

Policy Number : _____

Name of the Policy Holder : _____

Visa Card **Master Card**
(kindly tick the appropriate box)

Credit Card No. :
(kindly enclose a photocopy of the front of the card duly signed by you)

Expiry date : / / (MM/YY) (Should be valid for at least 6 months)

Issued by : _____
(Name of the issuing bank)

I understand that all premiums due on the above-mentioned Policy are to be charged to my Credit card account specified above and I undertake to unconditionally honour and pay the said charges as and when I am billed for the same by the aforementioned bank.

I agree to inform SBI Life Insurance Co.Ltd. in writing about the alternative payment option in the event that the above card is cancelled, substituted, or not renewed.

I also agree to provide you with a fresh authorization and the new Card number details, as and when the card is renewed, ***along with photocopy of the front duly signed by me.***

Signature of the Cardholder (as appearing on the Credit Card): _____

Signature of the Policy Holder : _____

Place : _____

Date : _____

Encl: ***Photocopy of the front side of the credit card duly signed by me***