

**STANDING INSTRUCTION**

(To be filled by customer and certified by Banker)

**To**  
**Bank Manager,**

**Date:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir,

I have availed a insurance policy with SBI Life Insurance Co. Ltd., wish to effect the repayment through Standing Instruction facility towards my renewal premium. I would request you to accept this mandate to debit my Account Number (mentioned below) with your bank branch, towards the monthly/quarterly/semi-annual/annual. These debits would be raised by SBI Life Insurance Co. Ltd., every monthly/quarterly/semi-annual/annual. Please treat this as an authorization to debit my account for the same. I also request you to certify that the following information relating to my bank account is correct.

1. Account Holder /Policy holder's name : \_\_\_\_\_
2. Policy Number : \_\_\_\_\_
3. Periodicity Of Mode : \_\_\_\_\_
4. Particulars of the Bank account
  - a. Bank Name : \_\_\_\_\_
  - b. Branch Name : \_\_\_\_\_
  - c. Branch code : \_\_\_\_\_
  - d. Branch Address (full Branch Address) : \_\_\_\_\_  
\_\_\_\_\_
  - e. Account Number : \_\_\_\_\_
  - f. MICR Code :
5. Premium Amount(inclusive of service tax) : \_\_\_\_\_

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I would not hold SBI Life Insurance Co. Ltd., responsible. I am aware of the Standing Instruction payment option. I agree to discharge my responsibility expected of me as a participant under the option.

Yours truly,

\_\_\_\_\_  
Signature of Account Holder /Policy Holder