1800-102-4444
www.bharti-axalife.com
SMS SERVICE to 56677
We will be in touch within 24 hours to address your query

Credit Card Authorisation Form

Please read all instructions before signing the form

- Kindly fill all details in BLOCK LETTERS only
- The instructions of the Policyholder are valid till Company receives instructions to the contrary in writing
- Photocopy of front side of Credit Card must be enclosed with the form
- In case the transaction is declined, the Policyholder is liable to pay the outstanding premium by cash (acceptable up to Rs.50,000) or cheque to keep the Policy/ies in force
- The Company reserves the right to withdraw the said facility without assigning any reason whatsoever
- The signature of the Credit Cardholder should be in the form as it appears on the Credit Card
- The proposer/policyowner should be the primary cardholder. Secondary card/additional card is not acceptablei

Policy Details

Kindly fill in BLOCK LETTERS only

Policy Number: ☐☐☐ – ☐☐☐☐☐☐☐

Name of Policyholder:

First Name / Middle Name / Last Name

Premium Frequency: ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Premium Amount: (In Rupees) ☐ Initial ☐ Renewal ☐ Reinstatement

Are you a US Citizen or US tax resident ☐ Yes ☐ No) If Yes, Please provide TIN: ____________________

Policyholder Contact Details

Landline No. (Residence): 0 –

*Mobile No.: (Mandatory) 0

Landline No. (Office): 0 –

Email ID: ____________________

STD / Phone

All communications will be on the e-mail id mentioned above (if available). The mode of communication from and to the company would include electronic mode like sms, email etc.

Please tick 'Physical copy' if you want to receive communication in electronic form as well as physical Copy ☐ Physical Copy

Credit Card Details

Name of Credit Cardholder:

First Name / Middle Name / Last Name

Note: As per regulation 3(d), IRDA (Manner of receipt of premium) regulation, 2002 - Credit or debit cards must be held in the name of the proposer/ Policyholder only.

Credit Card Type: ☐ VISA ☐ Master Card ☐ American Express ☐ Diners Club

Credit Card No.:

Credit Card Expiry Date: M M / Y Y Y Y

Month / Year

Issued by:

(Name of issuing bank)

I wish to pay my premium to Bharti AXA Life Insurance Company Limited through a debit to my Credit Card account on the 9th of the calendar month.

Declaration

I understand and agree:

1. That the premium payment in respect to my life insurance policy with Bharti AXA Life Insurance Company Limited ('Company') will be charged to the Credit Card account nominated by me as above, at the interval indicated by me, in the proposal form for life insurance. In the event of a change in premium, the amount that will be debited will be the premium as applicable which may be different from the premium paid by me till date. I agree and accept that no fresh authorisation will be required and taken.
2. That the Premium Payment Notice will not be sent to me as the amount will be debited to my Credit Card account.
3. To inform the Company, in writing, if the nominated Credit Card account is cancelled, substituted or not renewed and to make alternate arrangement to pay premium to the Company on or before the due date to keep the Policy/ies in force. I undertake to submit fresh copies of the front side of the new Credit Card in case of Credit Card subscription renewal.
4. To unconditionally honour and pay without contest, the premium amount when I am billed for the same by the aforementioned issuing bank.
5. I/we agree that the Company may provide/transfer/retain any information available with the Company related to me/us, obtained in connection with processing of my proposal or the policy and servicing thereof to any reinsurers, insurance association, medical registrar, statutory authorities / bodies or services providers engaged by the Company for policy servicing related activities without any further reference to me/us.
6. I/we agree that the Company may share my/our information with other insurers for the underwriting and claims settlement purposes.
7. I/we understand that i/we have an option to review and correct the information already provided or not to provide the data or information sought, also, at any time while availing the services or otherwise, i/we have an option to withdraw my/our consent for sharing of data given earlier, such withdrawal of the consent should be sent in writing to the Company. In the case i/we do not provide or later on withdraw my/our consent, the Company shall have the option not to provide me/us the services.

I hereby declare that I understand and agree to the above terms and conditions.

Thumb Impression / Signature of the Policyholder →

Signature of the Credit Cardholder →

Date: D D / M M / Y Y Y Y

Place: ____________________

Vernacular Declaration

DECLARATION* IN CASE THIS CREDIT CARD AUTHORISATION FORM IS FILLED BY A PERSON OTHER THAN THE POLICYHOLDER OR SIGNED IN VERNACULAR LANGUAGE:

Declaration by Policyholder:

I hereby declare that the contents in the form have been fully explained to me and I declare that whatever is stated hereinabove has been recorded as per the information provided by me.

Thumb Impression/Signature of the Policyholder 0

Declaration by person filling the form:

I have explained the contents of this form to the Policyholder in _____ language and I have correctly recorded the answer provided to me.
I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Declarant's Name:

First Name Middle Name Last Name

Declarant's Address :

City State Pin Code

Date of Birth: D D M M Y Y Y Y

Declarant's Signature:

Date: D D M M Y Y Y Y Place: _____

*"The person giving this declaration can be any person other than Introducing Advisor or MOA or MOM."

TERMS AND CONDITIONS:

The Auto Premium payment facility ('facility') by debit to Credit Card is offered by Bharti AXA Life Insurance Company Ltd., ('the Company') under arrangement with the Bill Desk Statement Presentment and Payment Service of IndiaIdeas.com Limited ('the Service') and is subject to the following terms and conditions:

1. These terms and conditions form an unconditional agreement between the Policyholder/Credit Cardholder and the Company and/or the Service. By exercising the option to avail the facilities, the Policyholder/Credit Cardholder acknowledges having understood and accepted these terms and conditions.
2. By opting for the elected facility, the Policyholder/Credit Cardholder elects to make the payment of renewal premiums to the Company by debit to Credit Card account nominated by the Policyholder, at the interval indicated in the proposal form for Life Insurance/Policy Service Request form. In the event of a change in premium, the amount that will be debited will be the premium as applicable which may be different from the premium paid by the Policyholder till date. The Policyholder/Credit Cardholder agrees and accepts that no fresh authorisation will be required and taken.
3. By opting for the elected facility, the Policyholder elects to make the payment of renewal premiums to the Company from the nominated Credit Card account through the Service or any other payment utility site that the Company may tie up with from time to time.
4. On the Policyholder electing the option/mode to pay the renewal premiums, the same unless revoked and/or modified by him/her subsequently by a 30 days prior written notice to the Company, shall be valid and binding on the Policyholder. The Policyholder agrees that he/she shall remain liable for all the instructions and transactions that have been submitted by him/her or processed under his/her account prior to the date of Policyholder obtaining Company's acknowledgement to the said notice.
5. The Company would be entitled, at its sole discretion, to seek offline written or other confirmation from the Policyholder/Credit Cardholder on renewal premium payments as it may in its discretion deem fit.
6. The records of the Company and/or the Service, on the renewal premium payments, maintained through computer systems or otherwise, shall be accepted conclusive proof of the genuineness and accuracy of the same and binding for all purposes and can be used as evidence in any proceedings.
7. The Policyholder agrees to inform the Company, in writing, if the nominated Credit Card account is cancelled, substituted or not renewed and to make alternate arrangement to pay premium to the Company on or before the due date to keep the Policy/ies in force. The Policyholder further agrees/undertakes to submit fresh copies of the front side of the new Credit Card in case of Credit Card subscription renewal.
8. The Policyholder agrees that it shall solely be his/her responsibility to schedule his/her renewal premium payments in a manner that the Company receives the renewal premiums within the due dates and that in the event of a late payment he/she shall be liable for the late payment charges and other consequences as may be enforced by the Company. The Policyholder further agrees that the Premium Payment Notice will not be sent as the amount will be debited to the account.
9. The Policyholder expressly understands and agrees that if two (2) successive payments/instructions in case of monthly premium payment mode or any one (1) payment/instruction in case of quarterly/half-yearly/yearly premium payment mode, are not received/honoured, the Company reserves the right to automatically cancel/withdraw the facilities forthwith without notice.
10. The Policyholder further agrees that the Company and/or the Service will not be responsible or liable if it is unable to effect any of his/her payment instructions owing to (a) incomplete, inaccurate, invalid, or delayed submission of details by Policyholder, (b) insufficient credit limit to cover Policyholder's transactions, or (c) events beyond the control of the Company and/or the Service.
11. The Policyholder/Credit Cardholder agrees that the Company and/or the Service may from time to time make alterations, additions or deletions to these terms and conditions and that these shall be binding upon Policyholder/Credit Cardholder and take effect from such date as may be intimated by the Company and/or the Service. The Policyholder/Credit Cardholder further agrees that he/she shall be deemed to have agreed, accepted and be bound by such altered terms and conditions. The Policyholder/Credit Cardholder also agrees that all taxes (service tax & cess) levied from time to time by the government will be recovered in addition to the premium amount.
12. The Policyholder agrees that in the event he/she is dissatisfied with any portion of the facilities or with any of the terms and conditions or alterations thereto, his/her sole and exclusive remedy is to discontinue the use of the facilities.
13. The Policyholder agrees that he/she shall not use the facilities for any purpose that is unlawful or prohibited by these terms and conditions.
14. Notwithstanding what is mentioned hereinabove, it is understood that the Company is extending such facilities to make it convenient for and facilitate the Policyholder to pay the renewal premiums and it is further acknowledged that the onus and the liability to make such payments within the due dates vests solely and absolutely with the Policyholder.
15. The instructions are valid till the Company receives instructions to the contrary in writing.
16. In case of facilities obtained by the Policyholder authorising payment via Credit Card, the Policyholder shall be liable to pay the full amount billed by the Credit Card issuer towards payments made to the Company, notwithstanding that the record of the charges/payment transaction will neither bear the Cardholder's signature nor the imprint of the Cardholder's card.
17. The Policyholder/Credit Cardholder agrees to unconditionally honour and pay without contest, the premium amount as and when billed for the same.
18. In case of ULIP policies, payments made on a non-working day or a holiday, NAV (Net Asset Value) applied would be of the next working day.

bharti AXA

jeevan suraksha ka naya nazariya

Bharti AXA Life Insurance Company Ltd.
Unit No. 1904, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051,
Maharashtra Regn. No.: 130. Comp-Oct-2010-1116A
Service address: Bharti AXA Life Insurance Company Ltd., Spectrum Tower, 3rd Floor, Malad Link Road, Malad (West), Mumbai - 400064.
1800-102-4444 **SMS SERVICE to 56677** We will be in touch within 24 hours to address your query **www.bharti-axalife.com**