IndusInd Nippon Life

Direct Credit Mandate

Please fill the details in the table below and submit to the customer executive (CE) of your branch

Date: | D | D | M | M | Y | Y | Y | Y |

All fields are mandatory

CDA Details

IndusInd Nippon Life Branch																							
CDA Name																							
CDA Code						Date of Birth	D	D	M	M	Y	Y	Y	Y
Ph. No. (with STD code)	STD ISD Code	L	A	N	D	L	I	N	E				M	O	B	I	L	E

Bank Account Details

Name as per Bank Account	F	I	R	S	T				M	I	D	D	L	E						L	A	S	T
Bank Name	B	A	N	K		N	A	M	E														
	B	R	A	N	C	H		N	A	M	E												
	A	C	C	O	U	N	T		N	O.				I	F	S	C		C	O	D	E		M	I	C	R		C	O	D	E

(The above details are available on the face of the cheque. If not please speak to your concerned bank and get the details)

I hereby declare that the details listed above are true and I have no objection if IndusInd Nippon Life Insurance Company Ltd. directly credits the fees amount in the bank account mentioned above.

_____

Signature of the CDA

I confirm that I have verified the CDA's signature with ID proof- Branch CE Signature & Stamp _____

Instructions

CDA's signature to be taken on cancelled cheque. Cancelled cheque should bear the name of the CDA/account holder and IFSC/RTGS/NEFT code. In the absence of these details, the CDA needs to submit a recent bank statement of the same Bank Account. The bank account number should be visible & clear (please do not cross on account number). If such details are not available direct credit would not be an option

Please attach cancelled cheque here and then scan the form

-- **For office use** --

Upload the scanned image of this form in ECRM

MKTG/BPD/Direct Credit Mandate/Ver I/Nov 2025

CIN: U66010MH2001PLC167089