## **CREDIT CARD AUTHORISATION FORM**



Edelweiss Tokio Life Insurance Company Limited | IRDAI Regn. No. : 147 | CIN: U66010MH2009PLC197336 Registered Office: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

I hereby authorise Edelweiss Tokio Life Insurance Company Limited to debit my Credit	Card account for collection of
Renewal Premium	
Policy No: E	Date: DD MM YYYY
Name of the Policy Holder :	Tel. No.:
Address:	
	Pin Code:
Type of Card: Visa Master Card American Express	
Name of Credit Card Holder:	
Credit Card Number:	Credit Card Expiry Date: MM YYY
ssuing Bank:	
Payor's relationship with Policy Holder: Self Parent Spouse Other	ers, Specify
Mode of Payment: Annual Semi Annual Quarterly Monthly	
Note: Please attach a photocopy of the front side of your credit card.	
<ol> <li>I am the policy holder of the said policy.</li> <li>The credit card as mentioned is in my name.</li> <li>I hereby agree to make payments of premium to, and authorise Edelweiss Tokio Life Institution amount of the premium as would be applicable for the insurance plan and policy chosen by In case of renewal premiums these instructions are valid on an ongoing basis till I issue Insurance.</li> <li>I understand and agree that the risk under the insurance plan and the policy will be assume the amount of premium and not earlier.</li> <li>I hereby agree and confirm that the credit card issuing bank is not acting as an agent of each debit requests on the credit card account for the premium amount payable under the policy. I hereby agree that non-receipt of premium payable under the policy shall result in the premiums, the same may result in lapsation of the policy. Such lapsation is governed by the I understand and agree that in event my credit card account expires, or is not renewed by a ensuring that any premium amount payable by me is paid to Company through any of company at that point of time.</li> </ol>	rme. Instructions to the contrary in writing to Edelweiss Tokio Life and by Edelweiss Tokio Life Insurance only after getting credit of either Edelweiss Tokio Life Insurance or myself in accepting the y, in any manner. It policy becoming void. In case of non-receipt of the renewal eterms & conditions of the said policy. The for any reason I shall comply with the Company's direction in
For Branch Office Use  Branch Name:	
Staff Name:	Signature of the Credit Card Holder
Staff Sign:	
Date: a.m./p.m.	
Front side photocopy of credit card is attached.  Please note that credit card standing instruction can be withdrawn by me by giving a w	Signature of the Policy Holder
rease note that creat cara standing instruction can be withdrawn by the by giving a v	THE TEQUEST IS days prior to debit dute.
Acknowledgement Sliceived a request for Credit Card Authorisation for policy no.:	
Corporate Office:  Edelweiss Tokio Life Insurance Company Limited 4th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070 Toll Free: 1800 212 1212   Fax No.: +91 22 7100 4133 Email: care@edelweisstokio.in   www.edelweisstokio.in	Stamp/ Seal of the Branch