## **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	or collection of
Renewal Premium	
Policy No: E	Date: D D M M Y Y Y Y
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 C	ard Expiry Date: MM YYY
Issuing Bank:	
Payor's relationship with Policy Holder: Self Parent Spouse Others, 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 hereby agree to make payments of premium to, and authorise Edelweiss Tokio Life Insurance Co. Ltd. amount of the premium as would be applicable for the insurance plan and policy chosen by me.</li> <li>In case of renewal premiums these instructions are valid on an ongoing basis till I issue instructions to Insurance.</li> <li>I understand and agree that the risk under the insurance plan and the policy will be assumed by Edelweis 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 either Edelweis debit requests on the credit card account for the premium amount payable under the policy, in any manne.</li> <li>I hereby agree that non-receipt of premium payable under the policy shall result in the policy becom premiums, the same may result in lapsation of the policy. Such lapsation is governed by the terms &amp; condit.</li> <li>I understand and agree that in event my credit card account expires, or is not renewed by me for any reaso ensuring that any premium amount payable by me is paid to Company through any of the modes of company at that point of time.</li> </ol>	the contrary in writing to Edelweiss Tokio Life s Tokio Life Insurance only after getting credit o s Tokio Life Insurance or myself in accepting the r. ing void. In case of non-receipt of the renewa ions of the said policy. n I shall comply with the Company's direction in
For Branch Office Use Date and Time Stamp	
Service Request No.:  Branch Name:  Staff Name:	Signature of the Credit Card Holder
Staff Sign:	
Front side photocopy of credit card is attached.  Please note that credit card standing instruction can be withdrawn by you by giving a written reques	Signature of the Policy Holder
*KYC document to be collected as per Service Request	t 13 days prior to debit date.
Acknowledgement Slip	
eceived a request for Credit Card Authorisation for policy no.: on D	D M M Y Y Y Y at a.m./p.
Registered Office: Edelweiss Tokio Life Insurance Company Limited 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070 Toll Free: 1800 212 1212   Fax No : +91 22 6117 7833	

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