

Branch:

Date:

REGISTRATION FORM FOR LIC PREMIUM PAYMENT THROUGH CORPBANK ATMs
 [For existing card holders - Individuals/Sole Proprietorships]

| | | | | | | | | | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of Account Holder | | | | | | | | | | | | | | | | | | | | |
| E-MAIL | | | | | | | | | | | | | | | | | | | | |

I/We request you to register my/our application for payment of LIC premium through CorpBank ATM / Corp Convenience No. issued to me by you.
 I furnish the following information to enable you to permit me for payment of LIC premium through CorpBank ATM / Corp Convenience Card issued to me.

| Sl | LIC Policy Number | Name of the Policy Holder | Premium Amount [Rs] | Mode of Payment* Qly / Hly / Yly | Relationship of policy holder with the Card holder** |
|----|-------------------|---------------------------|---------------------|----------------------------------|--|
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* At present this facility is not being made available for policies with monthly mode of payment.
 ** Card holder can include policies of his/her spouse and dependant children only.

In case the amount is not accepted by LIC of India for any reasons whatsoever, the amount may be credited back to my account.
 I hereby declare that the particulars given above are true and correct to the best of my knowledge and belief.

Signature

| | | |
|--|---|--------------------|
| FOR OFFICE USE | | |
| AT BASE BRANCH | | |
| Certified that the address, signature of the account holder, mode of operation clause, CorpBank ATM/Corp Convenience Card No. and other particulars are as per branch records. The facility for payment of LIC premium through CorpBank ATMs is recommended/rejected (Tick which is applicable)(Give reasons if rejected): | | |
| Date | Signature with Sign Code No. of Authorised Official | Branch Seal |
| AT FTS CENTRE | | |
| Registration Form No. _____ | Serial No. _____/200_ | |
| Received from the Base Branch (Name _____) | | |
| Date | Signature of Authorised Officer | Seal of FTS Centre |

----- **Cut Here** -----

| | | |
|---|---------------------------------|-------------|
| At Base Branch - Acknowledgement to User | | |
| Registration Form No. _____ | | |
| Date | Signature of Authorised Officer | Branch Seal |
| This Acknowledgement does not imply the acceptance of the application for extending the facility of LIC premium through CorpBank ATMs . | | |