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Second Applicant

Third Applicant

First Applicant / Guardian

^	Debit Mandate Form NACH / DIRECT DEBIT									
LIC MUTUAL FUND	UMRN F O R		E ONLY	Date D D M M Y Y Y Y						
	Sponsor Bank Code	For office use only	Utility Code	For office use only						
CREATE ✓ MODIFY 🌣	I/We, hereby authorize	LIC Mutual Fund	To debit (Please √)	SB/CA/CC/SBNRE/SB-NRO/Other						
CANCEL 🛛	Bank a/c number									
with Bank	Name of customers	bank IFSC		MICR						
an amount of Rupee	es Amount in words			₹						
FREQUENCY:	Monthly Quarterly Ha	ılf Yearly 🛛 Yearly 🔽 As & when	presented DEBIT TYPE :	Fixed Amount Maximum Amount						
Reference 1			Phone No.							
Reference 2			Email ID							
	ree for the debit of mandate proc	essing charges by the bank whom I am	authorizing to debit my account as p	per latest schedule of chagers of the Bank						
PERIOD	Signa	ture Primary Account holder	Signature of Account holder	Signature of Account holder						
To Until	cancelled									
OI V UILLI	1N	ame as in bank records 2.	Name as in bank records	3. Name as in bank records						
		derstood & made by me/us. I am authorizing the us date by appropriately communicating the cancellati		d on the instruction as agreed and signed by me. porate of the bank where I have authorized the debit.						

√ 1-	Debit Mandate Form NACH / DIRECT DEBIT											
LIC MUTUAL FUND	UMRN F O R	O F F I C E U	S E O N L Y	Date D M M Y Y Y								
	Sponsor Bank Code	For office use only	Utility Code	For office use only								
CREATE ✓ MODIFY 🏻	I/We, hereby authorize	LIC Mutual Fund	To debit (Please √)	SB/CA/CC/SBNRE/SB-NRO/Other								
CANCEL 🛛	Bank a/c number											
vith Bank	Name of customers	bank		MICR								
n amount of Rupe	Amount in words			₹								
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PERIOD From	Signa	ature Primary Account holder	Signature of Account holder	Signature of Account holder								
то 📈												