



## LIC Premium Payment Registration Form

Details of Applicant:  Mr.  Mrs.  Ms.  Dr.  First Name  Middle Name  Last Name

Date of Birth:

LIC Card Number:

Mobile:

E-mail ID:

Policy No	Name of Insured	Relationship with Insured	Installment Amount (₹)
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\* Either Quarterly/Half yearly/Annual Premium Payment

**Declaration by Primary Applicant:**

I, hereby declare that the particulars given above are correct and complete. I hereby authorise LIC Cards/Axis Bank to remit the premium/s of my LIC policies referred above through the LIC Credit Card as per the mandate given above, 5 days before the end of the grace period in each case. If any transaction is delayed or not effected at all for reasons of incomplete or incorrect information or non availability of credit on the LIC Credit Card, I will not hold LIC, LICCSL or Axis Bank responsible. I understand that the process of remittance of premium through the LIC Card will only commence after confirmation or registration of policy details by LIC and the same will be intimated to me. In the meantime, I shall continue to pay the premia on my policies directly to LIC. I/We hereby declare that I/We have personally read and understood the terms and conditions and agree to abide the same.

Place: \_\_\_\_\_

Primary Applicant Signature