

# Direct Credit Mandate

Please fill the details in the table below and submit to the customer executive (CE) of your branch

Date 

D	D	M	M	Y	Y	Y	Y
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**All fields are mandatory**

**Advisor Details**

Reliance Nippon Life Branch															
Advisor Name															
Advisor Code				Date of Birth											
Ph. No. (with STD code)	STD ISD Code	L	A	N	D	L	I	N	E	M	O	B	I	L	E

**Bank Account Details**

Name as in Bank Account																									
Bank Name																									
	B	A	N	K	N	A	M	E																	
	B	R	A	N	C	H	N	A	M	E															
	A	C	C	O	U	N	T	N	O.	I	F	S	C	C	O	D	E	M	I	C	R	C	O	D	E

(The above details are available on the face of the cheque. If not please speak to your concerned bank and get the details)

I hereby declare that the details listed above are true and I have no objection if Reliance Nippon Life Insurance Company directly credits the commission amount in the bank account mentioned above.

\_\_\_\_\_  
Signature of the Advisor

I confirm that I have verified the Advisor's signature with ID proof- Branch CE Signature & Stamp \_\_\_\_\_

**Instructions**

Advisor's signature to be taken on cancelled cheque. Cancelled cheque should bear the name of the advisor/account holder and IFSC /RTGS /NEFT code. In the absence of these details, the advisor needs to submit a recent bank statement of the same Bank Account. The bank A/C number should be visible & clear (please do not cross on A/C number). If such details are not available direct credit would not be an option

Please attach cancelled cheque here and then scan the form

----- **For office use** -----

Upload the scanned image of this form in ECRM

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