



JIBAN BIMA CORPORATION

Authorization form for JBC Premium Collection through BEFTN Debit

JBC BEFTN Serial No:

Section 1: To be filled by Bank Account Holder(s)

<input type="checkbox"/> Policy Information	
Policyholder Name (BLOCK Letters):	
Policy Number:	Premium Amount Tk.:
Premium Amount Tk. (In Words):	
Contact No:	E-mail (Optional):
<input type="checkbox"/> Bank Account Holder(s) Details	
Bank Account Name (BLOCK Letters):	
Bank Account Number:	
Bank Name:	Contact No:
Branch Name :	E-mail (Optional):
Relationship with Policy Owner: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Others (Specify).....	
Payment Amount Tk.:	
Payment Amount Tk. (In Words):	
Frequency of Premium Payment: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annually	
EFT Debit Start Date:	EFT Debit End Date:
<p>I/We hereby authorize JIBAN BIMA CORPORATION to initiate Electronic Fund Transfer (EFT) Debit transactions to collect funds from the above mentioned account. I am/We are fully aware that these EFT transactions will be posted to JIBAN BIMA CORPORATION's Bank Account. This authority will stand in respect of the specified account, until I notify JIBAN BIMA CORPORATION in writing of its cancellation in such time that JIBAN BIMA CORPORATION has reasonable opportunity to act upon it. I/ We confirm having read and agreed to the terms and conditions overleaf.</p> <p>I/We authorize the Bank as mentioned above to provide the information in section 2 of this form to JIBAN BIMA CORPORATION.</p> <p><input type="checkbox"/> Yes, I/we have attached the photocopy of an MICR Cheque Leaf.</p> <p>Date: <input type="text"/></p> <p style="text-align: right;">Signature of the Account Holder(s)</p> <p style="text-align: center;">(This form cannot be processed without the Signature(s) of the Account Holder(s) on both sides of the form.)</p>	

Section 2: To be filled by the Bank

Bank Name:	
Branch Name:	Routing Number:
Branch Mailing Address:	Branch Telephone Number:
<p>We have verified the information of the Bank Account Holder(s) Details stated in Section 1 and confirm that, the Bank Account Details provided above is correct and the aforementioned account is maintained with our bank.</p> <p style="text-align: center;">Bank's Seal</p> <p style="text-align: right;">Signature of the Authorized Bank Official with Date & Seal</p> <p style="text-align: center;">(This form cannot be processed without Bank's Seal and Signature of the Authorized Bank Official)</p>	

Section 3: To be filled by JIBAN BIMA CORPORATION

Policy Information Verification (Stated in Section 1): (Checked & Verified by JBC Online Insurance System User Only)	
<p><u>Checked by</u></p> <p>(Signature with Date & Seal) (BEFTN Form Receiving Person)</p>	<p><u>Verified by</u></p> <p>(Signature with Date & Seal) (Central Accounts, JBC, Head Office, Dhaka)</p>

Terms and Conditions for Fund Collection through BEFTN Debit

1. Transactions under this authorization will be subject to the BEFTN Operating Rules of Bangladesh Bank, as applicable from time to time. The Laws of Bangladesh shall govern the following Terms and Conditions.
2. BEFTN Debit facility for **JIBAN BIMA CORPORATION Premium** payment can be availed after the debit instruction is accepted and is in force. Payments other than premium or arrears of premiums cannot be paid through BEFTN debit.
3. This Authorization form must be sent in original to **JIBAN BIMA CORPORATION**. Facsimile or photocopies would not be acceptable. The Photocopy of an MICR Cheque leaf should be attached with this form so that **JIBAN BIMA CORPORATION** can record the Signature(s) and Bank Account Details of the Account Holder(s) accurately.
4. The Authorization would be accepted subject to, (a) matching of the bank account details with the bank records, (b) verification of signature(s) of the account holder(s) by bank, (c) availability of funds in the mentioned accounts, (d) acceptance of payment by **JIBAN BIMA CORPORATION** subject to the terms and conditions.
5. The Authorization form must reach **JIBAN BIMA CORPORATION** Office, **Jiban Bima Bhaban, 24, Motijheel C/A, Dhaka-1000** at least 30 Days before the date of activation.
6. In case the payment date falls on a Weekend or a Public Holiday, it would be executed on the Next Banking Day.
7. This instruction will stand in respect of the specified account, until otherwise advised by the account holder(s) in writing of its cancellation which should be communicated to **JIBAN BIMA CORPORATION** 30 Days prior to the next payment in due. Any such amendments/cancellations will not release the account holder from the liability to the Bank on the account of the bank having executed the instruction before receiving the amendments/cancellations.
8. The Account Holder(s) should ensure that there is sufficient funds available in the bank account at the time of the debit date and that this Authorization is not dishonored. On occasions, the payment might not be debited on the debit date and could be delayed by a few days due to technical difficulties or unavoidable circumstances. The Account Holder(s) is requested to ensure the availability of funds for at least 07 Days after the debit date to avoid dishonors.
9. In case this Authorization is dishonored by the bank, payments for due date(s) of these dishonored BEFTN debit has to be paid by the Account holder in cash or cheque.
10. Under this instruction, the Account Holder(s) cannot dispute regarding the payment to **JIBAN BIMA CORPORATION** debited from his/her/their Bank account. If any excess or less than the accurate amount is debited, the Account Holder(s) will have to contact **JIBAN BIMA CORPORATION** for clarification. Any type of refund from **JIBAN BIMA CORPORATION** on account of this instruction will be settled by **JIBAN BIMA CORPORATION** with the Account Holder(s).
11. No payment receipt will be issued by **JIBAN BIMA CORPORATION** for BEFTN Debit payments. An annual Statement or Certificate of Premium Payment, as applicable may be obtained from **JIBAN BIMA CORPORATION** Offices. Please contact **JIBAN BIMA CORPORATION** at **Jiban Bima Bhaban, 24, Motijheel C/A, Dhaka-1000** or at **01968-776013, 01968-776074** if you need any information regarding your payment.

I/ We confirm having read and agreed to the terms and conditions mentioned above.

Signature of the Policy Holder(s) with Date
(Optional)

Signature of the Account Holder(s) with Date

(This form cannot be processed without the Signature(s) of the Account Holder(s) on both sides of the form.)