

## PRADHAN MANTRI SURAKSHA BIMA YOJANA



## **Consent-cum-Declaration Form**

(To be filled in by members joining the scheme during the permitted "Enrollment Period")

	Agency / BC Code					
	Savings Bank Account No.					
	Date of Entry into the Scheme: 1st June / July / August / September, 2015					
	1. Name in Full	5. Mobile/ContactNumber				
	2. Address	6. Aadhar No, if available				
1 5	3. Date of Birth (As per KYC document) (dd/mm/yyyy)	7. Whether suffering from any disability If yes, details thereof				
	4. Email ID	8. Name & Address of the Nominee, if any, and Relationship with him/ her				
ť.	9. Name & Address of Guardian, if nominee is minor					
as M I her	aster Policyholder. eby authorize you to debit today my Saving Bank Account	ntri Suraksha Bima Yojana' which will be administered by the above Bank t with your Branch with Rs.12/- (Rupees Twelve only) plus Service Tax,if until further instructions to the contrary (strike out whichever is not				
applicable) a sum of Rupees Twelve or a revised amount that may be decided with immediate intimation to me.  I hereby nominate my nominee as indicated above for the benefits under the scheme, in the event of my death. In the event of my death before the nominee reaching the age of 18 years, I hereby appoint the legal guardian of the nominee as indicated above for the purpose of receiving the benfits under the scheme.  I declare that I am not insured under Pradhan Mantri Suraksha Bima Yojana under any other Savings Bank Account. In case the same is found to exist, premium shall stand forefeited and no claims would be paid.  I agree that the cover shall commence from the 1 <sup>st</sup> of the month subsequent to the date of enrolment in the scheme.  I agree to pay full annual premium even if I join the Scheme after the commencement of the Master Policy.						
				I agree that my membership in the Scheme will remain in force as long as all premiums due are paid and until I have attained age 70 year as on Annual Renewal Date.		
			admis prepi I her	sion into the Pradhan Mantri Suraksha Bima Yojana to Navinted). eby declare that the above statements are true in all respect of admission to the above Scheme and that if any informa	e. I agree to your conveying my personal details, as required, regarding my tional Insurance Company Ltd (Name of the Insurance Company, to be ets and that I agree and declare that the above information shall form the ation be found untrue, my membership to the Scheme shall be treated as	
Date:						
(Banl	ture verified	Signature of the Account Holder				
	ACKNOWLEDGEMENT C	UM CERTIFICATE OF INSURANCE				
We h	hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Smtholding Savi					
Bank Account No, Aadhar No. (if available), consenting and authoriz auto-debit from the specified Savings Bank Account to join the Pradhan Mantri Suraksha Bima Yojana with National Insuran						
Con		200000061 certifying coverage as per the Scheme, subject to correctness				
Cus	tomer CIF:					

Seal & Signature of Authorised Bank Official