(Logo of PMSBY)

PRADHAN MANTRI SURAKSHA BIMA YOJANA

Consent-cum-Declaration Form

			<u>(T</u>	o be fill	led in I	by me	ember	rs join	ing the	sche	eme c	luring th	e perm	itted '	<u>'Enro</u>	lmen	t Peri	<u>iod")</u>					
			Agency / I	BC Cod	le																		
			Savings B	Bank Ac	count	No.														1			7
			Date of Er	ntry into	o the S	Schem	<u>ne</u> : 1	st June	e / July	/ Au	gust	Septem	ber, 20)15	ı		1	•	II.	1			_
1.	Name in Fu	ull										5. N	lobile /	Conta	ct Nu	mber	•						
2. Address								6. <i>A</i>	6. Aadhar No, if available														
3. D	ate of Birth (As per	KYC docu	iment) ((dd/mr	m/yyy	ry)			_			/hether suffering from any disability If yes, details thereof Name & Address of the Nominee, if any, and Relationship										
4. E	mail ID _											8. N		Addre	ess of	f the I	Nomi	nee, i	f any, a	and	Relat	ionsh	p with him /
9. N	lame & Addre	ess of G	uardian, i	f nomin	nee is r	minor	r					l liei			_								
I herel reachi I decla shall s I agree I agree I agree Renew I agree Pradha	are that I am stand forefiet e that the cover to pay full e that my mwal Date. e to abide by an Mantri Su by declare the pove Scheme	e my nor of 18 year not insu ted and ver shal annual nembers y the ten uraksha hat the a	minee as i rrs, I herek ured under no claims I commen premium of hip in the ms and co Bima Yoja sbove stat	indicate by appo r Pradha s would nce from even if I e Schem ondition ana to _ tements	ed abooint the an Mar be pain the 1st in the will are will are trees are tre	ove for e lega notri S id. st of the Sc I remains the about the sc I rue in t	or the all guardinates when the mean in ove S	benef rdian o sha Bir onth s after force scheme	of the r ma Yoj subseq the co as lor e. I agr	uent uent mme as ee to	nee as under to the ncem s all	any other any other date of the oremium (Nare and de	er Savi enroln e Mast s due ing my ne of the	ve for ngs B nent in ter Pol are pa perso he Ins	the p ank A n the s licy. aid ar onal d urance	accou accou scher and ur details se Co	se of int. In me.	recei n case have requir ny, to ation	ving the sattained be presented.	ne b ame ed a garc eprii	enfits is for inge 70 ding n	under und to years ny adn	exist, prem
Sign	ature verified																	Si	gnatui	re o	f the /	Accou	nt Holder
<u>, </u>	Ve hereby ac	·		<u>A</u>	CKN	OWL	_ED0	SEME	ENT C	UM	CEF	RTIFICA	ATE O)F IN:	SUR	ANC	<u>E</u>						

certifying coverage as per the Scheme, subject to correctness of information provided regarding eligibility and receipt of consideration amount.

_(Name of the Insurance Company) under Master Policy No.