





PRADHAN MANTRI SURAKSHA BIMA YOJANA

Consent-cum-Declaration Form

(To be filled in by me	embers joining the scheme during	the permitted "Enrolment Period")
Agency / BC Code		
Savings Bank AccountNo.		
	401. (11. (4	
Date of Entry Into the Schem	ne: 1st June / July / August / Sept	ember, 2015
1. Name in Full	!	5. Mobile /Contact Number
2. Address		6. Aadhar No, if available
		. Addital 110, il available
3. Date of Birth (As per KYC document) (dd/mm/yyyy	7	. Whether suffering from any disability If yes, details thereof
4. Email ID		Name & Address of the Nominee, if any, and Relationship with him / ler
9. Name & Address of Guardian, if nominee is minor		
hereby give my consent to become a member of Policyholder.	' Pradhan Mantri Suraksha Bir	na Yojana' which will be administered by the above Bank as Master
hereby nominate my nominee as indicated above for eaching the age of 18 years, I hereby appoint the legal declare that I am not insured under Pradhan Mantri S shall stand forefieted and no claims would be paid. agree that the cover shall commence from the 1st of the agree to pay full annual premium even if I join the Schage that my membership in the Scheme will remained.	In to me. If the benefits under the scheme of the policy of the nominee as indicated as the policy of the month subsequent to the date of the month subsequent to the date of the policy of the commencement of the policy of the	
hereby declare that the above statements are true in the above Scheme and that if any information be found		declare that the above information shall form the basis of admission to icheme shall be treated as cancelled.
Date:		
Signature verified (Bank Branch Official)		Signature of the Account Holder
ACKNOWLEDGEMENT CUM CERTIFICATE OF INSURANCE		

Account No. ______, Aadhar No. (if available) _____, consenting and authorizing and authorizin

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Smt. $_$

and receipt of consideration amount.

holding Saving Bank