



### Consent-cum-Declaration Form

Agency / BC Code

Savings Bank AccountNo.

[illegible]

**Date of Entry into the Scheme : 1<sup>st</sup> June / July / August / September, 2015**

1. Name in Full	5. Mobile /Contact Number_____
2. Address _____ _____ _____	6. Aadhar No, if 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 _____	8. Name & Address of the Nominee, if any, and Relationship with him / her_____
9. Name & Address of Guardian, if nominee is minor	

Date: \_\_\_\_\_

**Signature verified**  
**(Bank Branch Official)**

**Signature of the Account Holder**

## ACKNOWLEDGEMENT CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Smt. \_\_\_\_\_ holding Saving Bank Account No. \_\_\_\_\_, Aadhar No. (if available) \_\_\_\_\_, consenting and authorizing auto-debit from the specified Savings Bank Account to join the Pradhan Mantri Suraksha BimaYojana with The New India Assurance Company Ltd under Master Policy No. 1119004215010000113 certifying coverage as per the Scheme, subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Seal &amp; Signature of Authorised Bank Official