# PRADHAN MANTRI SURAKSHA BIMA YOJANA

**NEW INDIA ASSURANCE APEX BANK**



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# CONSENT-CUM-DECLARATION FORM

I hereby give my consent to become a member of ‘Pradhan Mantri Suraksha Bima Yojana’ of

………… (Name of Insurer) which will be administered by your Bank / Post Office under Master Policy No. (To be pre-printed)

I hereby authorize you to debit my Account with your Branch with Rs. 12/-(Rupees twelve only), towards premium of accidental insurance cover@ of Rs two lakhs under PMSBY (claim payable in case of death or permanent disability# due to accident$). I further authorize you to deduct in future after 25th May and not later than on 1st of June every year until further instructions, an amount of Rs.12/- (Rupees twelve only), or any amount as decided from time to time, which may be intimated immediately if and when revised, towards renewal of coverage under the scheme.

I have not authorized any other Bank / Post Office to debit premium in respect of this scheme. I am aware that in case of multiple enrolments for the scheme by me, my insurance cover will be restricted to Rs. two lakhs only and the premium paid by me for multiple enrolments shall be liable to be forfeited.

I have read and understood the Scheme rules and I hereby give my consent to become a member of the Scheme.

I authorize the Bank /Post Office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to (Name of Insurer)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the accountholder\*\* |  | Father’s / husband’sname\*\* |  |
| Bank / Post OfficeAccount No.\*\* |  | IFSC Code of BankBranch\*\* |  |
| PAN Number, ifavailable\*\* |  | AADHAAR Number, ifavailable\*\* |  |
| Date of birth \*\* |  | E-mail Id\*\* |  |
| Whether sufferingfrom any disability |  | If yes, details thereof |  |
| Name and address of nominee |  | Date of Birth of nominee |  |
| Relationship of nomineewith the account holder |  |
| Name and address of Guardian / appointee(if nominee is minor) |  | Relationship of the guardian / appointeewith the nominee |  |
| Mobile number ofnominee |  | Mobile number ofguardian / appointee |  |
| Email id of nominee |  | Email id of guardian /appointee |  |

I hereby enclose a copy of my ------------------as proof of my identity (KYC\*) and nominate my nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as above.

\* Either of AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport

I hereby declare that the above statements are true in all respects and that I agree and declare that the above information shall form the basis of admission to the above scheme and that if any information be found untrue, my membership to the scheme shall be treated as cancelled.

Date:

Signature Address:

Confirmed that the applicant’s details\*\* and signature have been verified from the records available with this Bank / Post Office (or KYC document submitted\* by the applicant, in case it is not available with the bank / Post Office).

Signature of the Bank / Post Office Official Date:

(Rubber Stamp with bank /Post office branch name and code) For Office Use

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Agent/ BankingCorrespondent’s (BC) |  | Agency/BC Code No. |  |
| Bank A/c details ofAgent/BC |  | Signature ofAgent/BC |  |

# ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of “Consent-cum-Declaration Form” from Shri / Ms..

………………………………… holding Bank /Post Office Account No……………………………….. Aadhar No… consenting and authorizing

auto-debit from the specified Bank /Post Office account to join the Pradhan Mantri Suraksha Bima Yojana with ------------------ (Name of the Insurer) for cover under Master Policy No………………………., subject to correctness of information provided regarding eligibility and receipt of consideration amount.

# Signature of authorised official of Bank / Post Office Date:

**Office Seal**