





Consent-cum-Declaration Form

	(To be filled in by member	's joining '	the sche	me durin	g the perm	itted "E	nrolmen	t Perio	od")							
	Agency / BC Code															
	Savings Bank Account No.	П				T					$\overline{}$	1	1			
	<u>Date of Entry into the Scheme</u> :												-			
1. Name	e in Full	5. Mobile							Mobile /Contact Number							
2. Addre	ess		6. Aadhar No, if available													
					o. Addital	110, 11 0	ivaliable.						_•			
3. Date of B	Birth (As per KYC document) (dd/mm/yyyy)			\dashv	7. Whether		ng from hereof_									
4. Email ID			-	\dashv	8. Name & her								p with him /			
9. Name & A	Address of Guardian, if nominee is minor															
nereby auth efore 31st M nount that r nereby nom aching the a declare that remium shal agree to pay agree that r enewal Date agree to abi adhan Man nereby declare	orize you to debit today my Saving Bank Acc lay every subsequent year until further instruc- may be decided with immediate intimation to m inate my nominee as indicated above for the age of 18 years, I hereby appoint the legal gual t I am not insured under Pradhan Mantri Sui Il stand forfeited and no claims would be paid.	benefits under the count with ctions to the count with the ctions of the count of the ctions of the	your Brithe control under the e nomin ma Yoja commen long as agree to eral Insurant	e schemee as income unde cement of all premyour corrance Coagree an	h Rs.12/- (ke out which	Rupees chever vent of ve for t r Savin er Polic are pai	Twelve is not ap my death he purpo gs Bank y. d and un all detail above in	only) pplicate h. In til sse of Acco	plus S he evereceiv unt. In	Service sum of ent of ming the n case ttained ed, rega	Tax, if a Rupees ny death benefit the sar age 70	applica Twelventh before sundenthe is to years	able, and on we or a revis re the nomin er the schem found to exi			
									Sig	ınature	of the /	Accour	nt Holder			
Signature ve (Bank Branc																
	ACKNOWLEDO	<u>EMENT</u>	CUM	<u>CERTIF</u>	ICATE C)F INS	URAN	<u>CE</u>								
Account from the under Ma	by acknowledge receipt of "Consent-cum-D No, Aadha specified Savings Bank Account to join the Pr aster Policy No. 33365505899100000 certifying y and receipt of consideration amount.	ar No. (if a [.] radhan Ma	vailable) ıntri Sura	aksha Bi	ma Yojana	with M/	, c	onsen rsal So	ompo (nd auth Genera	l Insurai	auto-d nce Co	ebit o. Ltd			