PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA







CONSENT-CUM-DECLARATION FORM

I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Yojana' of LIC of India (Name of Insurer) which will be administered by your Bank under Master Policy No. 900100144.

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.

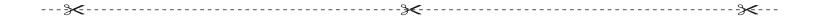
I have read and understood the Scheme rules and I hereby give my consent to become a member of the Scheme. I am aware that the risk will not be covered during the first 30 days from the date of enrollment/re-joining into the scheme (lien period) and in case of death (other than due to accident) during the period, no claim would be admissible.

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

If the enrolment takes place on any day during the months of-

- a. June, July & August Annual premium of Rs. 436/- is payable.
- b. September, October & November 3 quarters of premium @ Rs. 114.00 i.e. Rs. 342/- is payable.
- c. December, January & February 2 quarters of premium @ Rs.114.00 i.e. Rs. 228/- is payable.
- d. March, April & May 1 quarterly premium @ Rs. 114.00 is payable.

Risk cover will start from the date of auto-debit of premium from the account of the subscriber.



Name of the account holder***	Father's/Husband's Name**
Address of the account holder	Name of City/Town/ Village
Name of District	Name of State
Pin Code	Mobile Number of account holder
Bank/Post Office Account No.**	IFSC Code of Bank Branch**
Name of the KYC *document submitted	KYC** ID Number
PAN Number if available**	AADHAAR Number, if available**
Date of Birth**	E-mail ID**
Name & Address of nominee	Date of Birth of nominee Relationship of nominee with the account holder
Name & Address of Guardian/appointee (if nominee is minor)	Relationship of the guardian/appointee with the nominee
Mobile Number of nominee	Mobile Number of guardian/appointee
Email ID of nominee	Email ID of guardian/appointee

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

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

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

Signature of the Bank Official

Date:

(Rubber Stamp with bank name and code)

For Office Use

Agent's/BC's Name	Agency/BC Code No.	
Bank A/c	Signature of	
details of	Agent/Banking	
Agent/BC	Correspodent	

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ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We h	ereby a	ckno	wle	dgeı	receipt	of	"Co	nse	nt-cum-l	Dec	larati	on Form	ı" fr	on	n S	hri	/Ms	5			••••	• • • • • • • •	· • • • • • •			
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Consenting and authorizing auto-debit from the specified Bank account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with LIC of India (Name of the Insurer) for cover under Master Policy No. 900100144 subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Signature of authorised official of Bank

Date:

Office Seal

^{*} Either of AADHAAR card or Electoral Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport.