## ये है आपके भविष्य की सुरक्षा के लिए ज़रूरी

Pradhan Mantri Suraksha Bima Yojana

Agency / BC Code

## PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY) -SUBSCRIBER REGISTRATION FORM



## Consent-cum-Declaration Form (To be filled in by members joining the scheme during the permitted "Enrolment Period")

Savings Bank Account No.	
Date of Entry into the Scheme : 1st June / July / August / September, 2015	
1. Name in Full	5. Mobile /Contact Number
2. Address	6. Aadhar No, if available .
	V. Aduliai ItV, ii ataliabie
Date of Birth ( As per KYC document) (dd/mm/yyyy)	7. Whether suffering from any disability
4. Email ID	8. Name & Address of the Nominee, if any, and Relationship with him
9. Name & Address of Guardian, if nominee is minor	
I hereby give my consent to become a member of ' Pradhan Mantri Suraksi Policyholder.  I hereby authoritors you to debit today my Saving Bank Account with your Branc before 31" May every subsequent year until further instructions to the contrary amount that my be decided with immediate infimation to me.	h with Rs.12/- (Rupees Twelve only) plus Service Tax, if applicable, and
I hereby nominate my nominee as indicated above for the benefits under the sc reaching the age of 18 years, I hereby appoint the legal guardian of the nominee a	
I declare that I am not insured under Pradhan Mantri Suraksha Bima Yojana under shall stand forefieted and no claims would be paid.	r any other Savings Bank Account. In case the same is found to exist, prer
I agree that the cover shall commence from the 1st of the month subsequent to the	e date of enrolment in the scheme.
I agree to pay full annual premium even if I join the Scheme after the commencen	nent of the Master Policy.
I agree that my membership in the Scheme will remain in force as long as all Renewal Date.	premiums due are paid and until I have attained age 70 years as on Ar
I agree to abide by the terms and conditions of the above Scheme. I agree to you Pradhan Mantri Suraksha Bima Yojana to	r conveying my personal details, as required, regarding my admission int (Name of the Insurance Company, to be preprinted).
I hereby declare that the above statements are true in all respects and that I agre the above Scheme and that if any information be found untrue, my membership to	
Date:	
Signature verified (Bank Branch Official)	Signature of the Account Holder
ACKNOWLEDGEMENT CUM CEI	RTIFICATE OF INSURANCE
We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Account No	, consenting and authorizing auto-debit the Pradhan Mantri Suraksha Bima Yojana with ce Company) under Master Policy No.

कृपया ये फ़ॉर्म भरें एवं अपनी नज़दीकी बैंक शाखा में या बैंक मित्र के पास जमा करवाएं

Seal & Signature of Authorised Bank Official