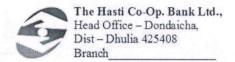


<u>Pradhan Mantri</u> <u>Suraksha Bima Yojana</u>



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PRADHAN MANTRI SURAKSHA BIMA YOJANA

Consent-cum-Declaration Form

(To be filled in by members joining the scheme during the permitted "Enrolment Period")

Agency/BC Code :	
Saving Bank Account No :-	
Customer Id:-	
Customer 14	
Date of Entry into the Scheme: - 1st June/July/August/Se	ntember 2015
1. Full Name :-	
T. Tall Palate	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:
Date://	If yes, details there of
4. Email ID :	8. Name & Address of the Nominee, if any, and
	Relationship with him/her :
9 Name & Address of Guadian if nominee is minor:	
9. Name & Address of Guadian, if nominee is minor :-	ksha Bima Yojana ' Which will be administered by the above Bank as Master
Policy holder.	ksha birna lojana Willen will be administered by the above bank as ividster
I hereby authorize you to debit today my Saving Bank Account with you	ur Branch with Rs.20/- (Rupees Twenty only) plus Service Tax, if applicable
and on or before 31" May every subsequent year until further instructio	ns to the contrary (Strike out whichever is not applicable) a sum of Rupees
Twenty a revised amount that may be decided with immediate intimation	n to me.
I hereby nominate my nominee as indicated above for the benefits unde	or the scheme, in the event of my death. In the event of my death before the
I hereby nominate my nominee as indicated above for the benefits under the scheme, in the event of my death. In the event of my death before the nominee reaching the age of 18 years, I hereby appoint the legal guardian of the nominee as indicated above for the purpose of receiving the	
benfits under the scheme.	
i deciare that I am not insured under Pradhan Mantri Suraksha Bima \ exist,Premium shall stand forefieted and no claims wiuld be paid.	ojana under any other Savings Bank Account. In case the same is found to
I agree that the cover shall commence from the 1" of the month subsequ	uent to the date of enrolment in the Scheme.
l agree to pay full annual premium even if i join the Scheme after the cor	nmencement of the Master Policy.
I agree that my membership in the Scheme will remain in force as long as all premiums due are paid and until I have attained age 70 years as o	
Annual Renewal Date.	
I agree to abide by the terms and conditions of the above Scheme.	I agree to your conveying my personal details, as required, regarding my
admission into the Pradhan Mantri Suraksha Bima Yojana to M/s.ICICI Lo	
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 unt	
Date :/	
Signature verified	
(Bank Branch Official)	Signature of the Account Holder
	CERTIFICATE OF INSURANCE
We hereby acknowledge receipt of "Consent -cun	n-Declaration From" from Shri./ Smt.
holding Saving Bank Account No	•, Aadhar No.(if available)
	uto-debit from the specified Savings Bank Account to join the
Pradhan Mantri Suraksha Bima Yojana with M/s.ICICI Lon	mbard General Insurance Co.Ltd. under Master Policy No
	the Scheme, subjuct to correctness of Information provided,
regarding eligibility and receipt of consideration amount.	집 14일이 그렇지 않는 그렇지 하는 것이 없는 것이 없다. 그렇다