

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA





CONSENT-CUM-DECLARATION FORM

(To be filled in by members joining the scheme on or after 01-06-2016 For Office Use

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

I hereby give my consent to become a member of 'Pradhan Mantri Jeeven Jyoti Bima Yojana' of LIC of India (Name of Insurer) which will be administered by your Bank under Master Policy No. 900100249 (To be pre-printed)

I hereby authorize you to debit my Savings Bank Account with your Branch with Rs.330/- (Rupees Three Hundred Thirty Only) plus Service Tax if applicable towards premium of life cover under PMJJBY. 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.330/- (Rupees three hundred thirty only) and Service Tax if applicable, 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 to debit premium in respect of the scheme. I am aware that my life cover shall be restricted to Rs.2,00,000/- only in the event of my death.

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 45 days from the date of enrollment into the scheme (lien period) and in case of death (other than due to accident) during lien period, no claim would be admissible.

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

Applicant Details, as per Bank / KYC records :

Name of the Account holder (as pe	r Bank records)		
Saving Bank Account No.		Aadhar Number, if available	
E-mail ld		Mobile No.	
Name, address and		Name and address of Guardian	
relationship (if any) of		(if nominee is minor)	
Date of Birth		Address	

I hereby nominate my nominee as above under this scheme.

Nominee being minor, his / her guardian is appointed as above.

I hereby declare that the above statement 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:
Signature verified	요즘 사이 사용 사용을 하게 되었다. 그 보고 이 중 화를 가게 된 것도 걸었다. 이 사이의 사용을 하게 되었다.
(Branch Official) (Ruber Stamp with bank branch name and code)	경기 경기 교육 시간 시간 (1905년) 경기 교육 등 경기
ACKNOWLEDGEMENT SLIP CUM CER	RTIFICATE OF INSURANCE
We hereby acknowledge receipt of *Consent-cum-Declaration Form* from Sh /	Smtholding Bank
Account No Aadhar No	consenting and authorizing auto-debit from the specified
Bank Account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana withLIC	of India (Name of the Insurance Company) for cover under

Master Policy No. 900100249 Subject to correctness of information provided regarding eligibility and receipt of consideration amount.