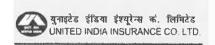
Annexure- II PRADHAN MANTRI JEEVAN SURAKSHA BIMA YOJANA (PMSBY)







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ENT-CUM-DECLARATION FORM

I hereby give my	consent to become a member of 'Pradhan Mantri Suraksha Bima Yojana' of	
(Name	of Insurer) which will be administered by your Bank / Post Office under Mast	er
Policy No	(To be pre-printed)	

I hereby authorize you to debit my Account with your Branch with Rs. 20/- (Rupees twenty only), towards premium of accidental insurance cover@ of Rs two lakhs under PMSBY (claim payable in case of death or permanent disability due to accident). 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.20/- (Rupees twenty only), 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 / 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 authorize the Bank /Post Office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to (Name of Insurer)

Notes:

@ Insurance cover:

Claim of Rs two lakhs payable in case of total disability or death due to accident

Claim of Rs one lakh payable in case of permanent partial disability

\$ Permanent Disability means any of the following:

- Permanent total disability-Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or foot
- Permanent partial disability-Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot

Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible

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		
Address of the		name**	
account holder	village	Name of City / town /	
Name of District	Name of State		
	Mobile number of account		
Pin Code	holder		
Bank / Post Office	IFSC Code of Bank		
Account No.**	Branch**		
Name of the KYC			
document submitted	KYC Id number		
PAN Number, if	AADHAAR Number, if		
available**	available**		
Date of birth **	E-mail Id**		
Whether suffering	If yes, details thereof		
from any disability	ii yes, details thereor		
Name and address of nominee	Date of Birth of nominee		
nommee	Relationship of nominee		
	with the account holder		
Name and address of	Relationship of the		
Guardian / appointee	guardian / appointee with		
(if nominee is minor)	the nominee		
Mobile number of	Mobile number of		
nominee	guardian / appointee	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 nominate my nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as above.

* Either of AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport

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 / Post Office (or KYC document submitted* by the applicant, in case it is not available with the bank / Post Office).

Signature of the Bank / Post Office Official

Date:

(Rubber Stamp with bank /Post office branch name and

code)

For Office Use

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

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowle	edge receipt of "Consent-cum-Declara	ation Form" from Shri / Ms.
	holding Bank /Post Office	ce Account
No	consenting and authoriz	zing auto-debit from the specified Bank
Post Office account	to join the Pradhan Mantri Suraksha	Bima Yojana with (Name
of the Insurer) for co	over under Master Policy No	, subject to correctness of
	d regarding eligibility and receipt of c	

Signature of authorised official of Bank / Post Office

Date:

Office Seal