

and receipt of consideration amount.





CONSENT-CUM-DECLARATION FORM PRADHAN MANTRI JEEVANJYOTI BIMA YOJANA

(To be filled in by members joining the scheme during the permitted 'Enrollment Period' - upto 31st May,2015)

Branch Code

Abhyudaya Co-op. Bank Ltd. under Master Policy No 900100076	
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 25 th May and not later than on 1 st 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 this scheme. I am aware that my life cover shall be restricted to Rs.2,00,000/-(Rupees Two Lakh 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 authorize the Bank to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to LIC of India.	
Applicant Details, as per Bank / KYC records:	
Name of the Account holder (as per Bank's record)	Shri / Smt.
Savings Bank Account No.	
E-mail ld:	Mobile/Contact No.:
Aadhaar Number, if available	
Address:	Name, address and relationship (if any) of nominee:
Date of Birth (dd/mm/yyyy) of applicant	Name and address of Guardian (if nominee is minor):
	Date of Birth of Minor Nominee :
☐ 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 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 verified (Branch Official) (Rubber Stamp With Bank Branch Nan	ne and Code) Signature of the Account Holder
ACKNOWLEDGEMENT SLIP Branch Code Serial No.	
We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Smt	