# PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA



**J** Pradhan Mantri Jeevan Jyoti Bima Yojana

NAME OF BANK / POST OFFICE Logo

### CONSENT-CUM-DECLARATION FORM

I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of \_

\_\_\_\_\_ (Name of Insurer) which will be administered by your Bank / Post Office under Master Policy No. \_\_\_\_\_\_ (To be pre-printed)

I hereby authorize you to debit my Account with your Branch with ₹\_\_\_\_\_\_\_\_(applicable premium<sup>#</sup>) towards premium of life insurance cover of Rs two lakhs under PMJJBY. I further authorize you to deduct in future after 25<sup>th</sup> May and not later than on 1<sup>st</sup> of June every year until further instructions, an amount of ₹ 436/- (Rupees four hundred thirty-six 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 am aware that the risk will not be covered during the first 30 days from the date of enrollment / re-joining 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 /Post Office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to \_\_\_\_\_\_ (Name of Insurer).

#### # If the enrolment takes place on any day during the months of -

- a. June, July & August -Annual premium of ₹ 436/- is payable
- b. September, October & November -3 quarters of premium @₹114.00 i.e. ₹342/- is payable
- c. December, January & February 2 quarters of premium @₹114.00 i.e. ₹ 228/- is payable
- d. March, April & May 1 Quarterly premium @  $\fbox$  114.00 is payable.

#### Risk cover will start from the date of auto-debit of premium from the account of the subscriber.

Name of the account hol	der	.**		Τ	Т	Τ	Τ	Τ																										$\square$						٦
Father's/husband's nam	e**			T	t	T	Ť	1																				T				$\square$		T						Í
Address of the account h	nold	ler		T	Ť	T	Ť	T								Ī											İ	T				Ē	Γ	T						Ī
Name of City / town /villa	ige			T	Ť	T	Ť	╡								Ē			1	Nan	ne o	of D	list	ric	t		Ī	Ē				Ē	Ē	Ē		$\square$				Ī
Name of State										Pin Code     Image: Code mark																														
Mobile number of accour	nt ho	old	er		Ť	T	1											Ī	Ī																					_
Bank/Post office Account No.**										IFSC Code of Bank Branch**																														
Name of the KYC									- 	KYC* Id Number																														
* document submitted PAN Number, if available**								ADHAAR Number, if available**																																
Date of Birth**		D		1 1	1	ΥÌ		Y	Y									,,		, .		110		,	ii u	• an		0												_
E-mail ID**			<u> </u>	<u> </u>	Ŧ	+	+	÷																								<u> </u>	<u> </u>	<u> </u>						٦
Name and address of	H		┢	+	t	╈	╈	╡																								-	$\square$	┢					+	
nominee	$\square$		⊨	╈	t	╈	╈	╡	_				_			$\vdash$	$\vdash$	$\vdash$	+	$\vdash$				1		<u> </u>		╞			┢	┢	┢	╞			╡	+	+	f
Date of Birth of nominee	D	D	M	1 1	1	ΥÌ	(	Y	Y				Re	elat	ion	shi	po	fno	omi	nee	wi	th t	he	acc	our	nt h	olc	ler			F	F	F	Ħ				+		Í
Name and address of	$\square$		T	T	Ť	T	T	T																								<u> </u>		Ē						Ī
Guardian / appointee (if nominee is minor)	$\square$		T	T	t	T	Ť	1																			T	Ē				Ē	Γ	T						Ī
Relationship of the guard	dian	1/a	app	ooir	nte	e w	/itl	h tł	he	nor	nine	ee [																						Ē						Ī
Mobile number of nomir	nee		Γ	Τ	Т		Τ	Τ									1	Чo	bile	enu	mb	er o	ofg	guai	rdia	an /	'ар	poi	nte	e		Ē		T			T			Ĩ
Email ID of nominee			Ī	T	Ť	T	Ť	T																										Γ						Ī
Email ID of guardian / ap	poi	nte	ee																																					
I hereby enclose a copy of myas 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:	M )	Y	Y	Y	Y	]											Si	gna	atu	re																				
		_	_	_	_	_		_																							_	_	_		_	_				_
																																		76,	ver(	01-0	)6-2	2 N	1F FN	JC

**Confirmed that the applicant's details and signature have been verified from document submitted* by the applicant, in case it is not available with the bank / Po	
	Signature of the Bank / Post Office Official
	Date:         D         M         Y         Y         Y         Y
	(Rubber Stamp with bank/ Post office branch name and code)
FOR OFFICE USE	
Agent'/ BC's Name	
Agency/ BC Code No.	
Bank A/c details of Agent / BC	

Signature of Agent / Banking Correspondent

## ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form	m" from Shri / Ms
holding Bank / Post Office Account No	_ consenting and authorizing auto-debit from the specified Bank /Post
Office account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana v	with
(Name of the Insurer) for cover under Master Policy No	subject to correctness of information provided regarding
eligibility and receipt of consideration amount.	
	Signature of authorised official of Bank/ Post Office
	Date: $D D M M Y Y Y Y$
	Office Seal