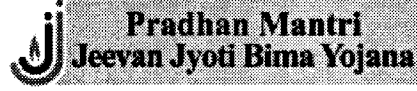


Pune District Central Cooperative Bank Limited , Pune

Head Office : 4 B, B. J. Road, Pune 411 001

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA



CONSENT-CUM-DECLARATION FORM

I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of **Life Insurance Corporation of India** which will be administered by your Bank / under Master Policy No. 310900100294

I hereby authorize you to debit my account with your Branch with Rs. _____ (applicable premium#) towards premium of life insurance cover of Rs two lakhs 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. 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 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 (Premium Debited) / 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 to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to **Life Insurance Corporation of India**.

Name of the account holder** _____

Father's / husband's name** _____

Address of the account holder _____

Name of City / town / village _____ Name of District _____

Name of State _____ Pin Code

Mobile number of account holder

Bank Account No.**

IFSC Code of Bank Branch**

Name of the KYC * document submitted _____ KYC Id number _____

PAN Number, if available**

Date of birth **

AADHAAR Number, if available**

Name and address of nominee _____

Date of Birth of nominee E-mail Id _____

Relationship of nominee with the account holder _____

Name and address of Guardian / appointee (if nominee is minor) _____

Relationship of the guardian / appointee with the nominee _____

Mobile number of nominee Email id of nominee _____

Mobile number of guardian / appointee

Email id of guardian / appointee _____

I hereby enclose a copy of my **AADHAAR Card / Electoral Photo Identity Card or MGNREGA card / Driving License / PAN card / Passport (Any One Document)** 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

Place

Confirmed that the applicant's details** and signature have been verified from the records available with this Bank / (or KYC document submitted* by the applicant, in case it is not available with the bank).

Date :

Signature of the Bank Official

(Rubber Stamp with bank 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**” from

Shri / Ms. _____

holding Bank /Post Office Account No. _____

Aadhar No. _____

consenting and authorizing auto-debit from the specified Bank /Post Officeaccount to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with **Life Insurance Corporation of India** for cover under Master **Policy No 310900100294** subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Signature of authorised official of Bank

Date :

Office Seal

If the enrolment takes place during the months of –

- a. June, July & August –Annual premium of Rs. 436/- is payable
- b. September, October & November –3 quarters of premium @ Rs.114.00 i.e. Rs. 342/- is payable
- c. December, January & February – 2 quarters of premium @ Rs. 114 i.e. Rs. 228/-is payable
- d. March, April & May – 1 Quarterly premium @ Rs. 114.00 is payable.