Advanced Draft

## PRADHAN MANTRI SURAKSHA BIMA YOJANA







## SHANKAR NAGARI SAHAKARI BANK LTD.

Head Offi. Pokama Building, New Mondha, Nanded.

Consent-cum-Declaration Form

G/-	(To be filled in by members joining the scheme during the permitted "Enrolment Period")			
G/-	Saving Bank Account No.			
	Date of Entry into the Sc	heme: 1st June / July / Augu	ust / September, 2015	
1. Name in Full		5. Mobile /	5. Mobile / Contact Number	
2. Address		6. Aadhar No	o. If available	
3 Date of Right	As and IVVO December 1		suffering from any disability	
DD/MM/YYYY	As per KYC Document)	If yes, de	tails thereof	
4. E-mail ID				
before 31st may inapplicable) a su I hereby nominat under the schem appoint Mr./Ms. benfits under sch	every subsequent year for the next _ um of Rupees twelve or a revised amoute my (Relation) Mr./M ee, in the event of my death. In the eventer.	years / until fur unt that may be decided w //s ent of my death before th as the legal guard	as the nominee for the benefits the nominee reaching the age of 18 years, I hereby ian of the nominee for the purpose of receiving the	
	exist, premium shall stand forefieted a		under any other Savings Bank Account In case the id.	
I agree that the co	over shall commence from the 1 <sup>st</sup> of the	month subsequent to the	e date of enrolment in the scheme.	
	/ full annual premium even if I join the S			
	embership in the scheme will remain i al Renewal Date.	n force as long as all pre	miums due are paid and until I have attained age 70	
regarding my ad	by the terms and condition of the at mission into the Pradhan Mantri Su grance Company to preprinted).		your conveying my personal details as required	
the basis of adm		f any information be four	ee and declare that the above information shall form nd untrue, my membership to the scheme, shall be spect thereof shall stand forfeited.	
Dated at	on the	day of	201	
0:	· Varified			
	re Verified nch Official)		Signature of the Assessed Holder	
(Dalik Bra	ion Onicial)		Signature of the Account Holder	

## ACKNOWLEDGEMENT cum- CERTIFICATE OF INSURANCE

	Oliver in 107 to 2 of into or of the 1	
We hereby acknowledge receipt of " Proposal Form with	Consent-cum-Declaration Form" from Shri / Smt.	
holding Saving	Bank Account No Aadhar	No.
consenting and authorizing	auto-debit from the specified Savings Account to joint the Practical	dhan
Mantri Suraksha Bima Yojana with	(Name of the Insurance Company) under Master Policy	y No.
certifying coverage as per the S	heme.	