



**PRADHAN MANTRI SURAKSHA BIMA YOJANA
Consent-cum-Declaration Form**

(To be filled in by members joining the scheme during the permitted "Enrolment Period")

Savings Bank Account No. :

Date of Entry into the Scheme : 1st June / July / August / September, 2015

1	Name in Full :	5. Mobile /Contact Number_____
2	DOB (As per KYC document) (dd/mm/yyyy)	6. Aadhar No, if available_____
3	Address _____ _____	7. Whether suffering from any disability _____ If yes, details thereof_____
4	Email ID :	8. Name & Address of the Nominee, if any, and Relationship with him / her_____
9	Name and Address of Guardian, if nominee is minor:	

I hereby give my consent to become a member of "Pradhan Mantri Suraksha Bima Yojana" which will be administered by Citibank N.A. as Policyholder.

I hereby authorize you to debit my Saving Bank Account with your Branch with Rs.12/- (Rupees Twelve only) plus service tax, if applicable, on or before 31st May and every subsequent year until further instructions to the contrary, a sum of Rupees Twelve or a revised amount that may be decided with immediate intimation to me. I hereby nominate my nominee as indicated above for the benefits under the Scheme, in the event of my death. In the event of my death before the nominee reaching the age of 18 years, I hereby appoint the legal guardian of the nominee as indicated above for the purpose of receiving the benefits under the Scheme.

I declare that I am not insured under Pradhan Mantri Suraksha Bima Yojana under any other Savings Bank Account. In case the same is found to exist, premium shall stand forfeited and no claims would be paid. I agree that the cover shall commence from the 1st of the month subsequent to the date of enrolment in the Scheme. I agree to pay full annual premium even if I join the Scheme after the commencement of the Master Policy.

I agree that my membership in the Scheme will remain in force as long as all premiums due are paid and until I have attained age of 70 years as on Annual Renewal Date.

I agree to abide by the terms and conditions of the above Scheme. I agree to your conveying my personal details, as required, regarding my admission into the Pradhan Mantri Suraksha Bima Yojana to M/s The New India Assurance Co. Ltd.

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
(Bank Branch Official)

Signature of the Account Holder

*Please note, the disclaimer notification has been given overleaf

ACKNOWLEDGEMENT CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri /Smt _____ holding Saving Bank Account No. _____, Aadhar No. (if available) _____, consenting and authorizing auto-debit from the specified Savings Bank Account to join the Pradhan Mantri Suraksha Bima Yojana with M/s The New India Assurance Co. Ltd. under Master Policy No. 71250042150100200120 certifying coverage as per the Scheme, subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Seal & Signature of Authorised Bank Official



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Life Insurance Policies: These policies are underwritten by Tata AIA Life Insurance Co. Ltd. with its registered office at 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai 400013.

All guaranteed benefits are payable only when all premiums are paid when due. Investment risk in the investment portfolio is borne by the Policy Holder. The premium paid in Unit Linked Life Insurance policies are subject to investment risks associate with capital markets and the NAVs of the units may go up or down based on the performance of the fund and factors influencing the capital market and the insured is responsible for his or her decision. Tata AIA Life is only the name of the Insurance Company and the funds offered are only the names of the funds and does not in any way indicate the quality of the contract, its future prospects or returns.

Non-life Insurance Policies: These policies are underwritten by Royal Sundaram Alliance Insurance Company Limited with its registered office at No. 21, Patullos Road, Chennai 600 002. **Specialist Health Insurance Policies:** These policies are underwritten by Apollo Munich Health Insurance Co. Ltd. with its registered office at Apollo Hospitals Complex, Jubilee Hills, Hyderabad - 33. **Group Asset Assure Plan:** This product is underwritten by Birla Sun Life Insurance Co. Ltd. with its registered office at One Indiabulls Centre, Tower 1, 15th & 16th Floor, Jupiter Mills Compound, 841 Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013.

For more details on risk factors, terms and conditions, please read the sales brochure carefully before concluding the sale.

SECTION 41 OF THE INSURANCE ACT 1938 PROHIBITION OF REBATES

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an Insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing the Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. If any person fails to comply with regulation above he shall be liable to payment of fine, which may extend to five hundred rupees

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