



A.P. MAHESH CO-OPERATIVE URBAN BANK LTD.

(MULTI-STATE SCHEDULED BANK)

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BRANCH

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA



CONSENT-CUM-DECLARATION FORM

(To be filled in by members joining the scheme after the permitted 'Enrollment Period')

For Office Use

Agent/ BC's Name*		Agency / BC Code No.*	
Bank A/c details of Agent / BC - *			
Signature of Agent / Banking Correspondent*			

I, hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of LIC of India which will be administered by your Bank under Master Policy **No. 900100005**.

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 25th May and not later than on 1st 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/- only in the event of my death.

I hereby declare that I am in sound health and I am not suffering or have suffered from any critical illness or condition requiring medical treatment, as on date. (critical illness is defined as follows: The applicant should not have suffered / be suffering from AIDS, cancer, condition requiring open chest surgery, history of typical chest pain, kidney failure, brain stroke or paralysis or having undergone a major organ transplantation such as heart, lung, liver or kidney. If the applicant had suffered from any of the above critical illness, they are not eligible to join the scheme).

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 records)			
Savings Bank Account No.		Aadhar Number, if available	
E-mail Id		Mobile No.	
Name, address and relationship (if any) of nominee		Name and address of Guardian (if nominee is minor)	
Date of Birth		Address	

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

Address:

Signature verified

(Branch Official)

(Rubber Stamp with bank branch name and code)