PRADHAN MANTRI SURAKSHA BIMA YOJANA

Oriental insurance

THE KANGRA CO-OPERATIVE BANK LTD.
SERVICE TO COMMUNITY WITH SMILE THROUGH CO-OPERATIVES

CONSENT-CUM-DECLARATION FORM

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

Agency / BC Code .....

Saving Bank Account No. | | | | | | | | | | | | | | | |

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

1. Name in full	5. Mobile / Contact Number .....
2. Address :	6. Aadhar No. of available .....
3. Date of Birth (As per KYC document) (dd/mm/yyyy)	7. Whether suffering from any disability ..... if yes, details there of .....
4. Email ID	8. Name & Address of the Nominee, if any Relationship with him/her
9. Name & Address of Guardian if nominee is minor	

I, hereby give my consent to become a member of 'Pradhan Mantri Suraksha Bima Yojana' of Oriental Insurance Company Limited which will be administered by your Bank under **Master Policy No./Cover No. 271500/48/2016/951**

I hereby authorize you to debit my Savings Bank Account with your Branch with Rs.12/- (Rupees Twelve Only) plus Service Tax if applicable, and on or before 31st May every subsequent year until further instructions to the contrary (Strike out whichever is not applicable) a sum of Rupees Twelve or a revised amount that may be decided with immediate 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 benfits 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 forefieted 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 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.....(Name of the insurance Company, to be preprinted).

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 of the Account Holder

Signature verified
(Branch Official) (Rubber Stamp with bank branch name and code)

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "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 join the Pradhan Mantri Suraksha Bima Yojana with Oriental Insurance Company Limited for cover under Master Policy No....., subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Seal & Signature of Authorised Bank Official