



**PRADHAN MANTRI SURAKSHA BIMA YOJANA
CONSENT-CUM-DECLARATION FORM**

I hereby give my consent to become a member of 'Pradhan Mantri Suraksha Bima Yojana' of New India Assurance Co. Ltd. which will be administered by Madhya Pradesh Gramin Bank under Master Policy No.

I hereby authorize you to debit my Account with your Branch with Rs.20/- (Rs. Twenty Only) towards premium of Accidental insurance cover of Rs two lakhs under PMSBY. (Claim Payable in case of death or permanent disability due to accident). 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.20/- (Rupees Twenty 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 / Post Office 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 authorize the Madhya Pradesh Gramin Bank to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to New India Assurance Co. Ltd.

NAME OF THE ACCOUNT HOLDER** _____

FATHER'S / HUSBAND'S NAME** _____

Address of the account holder _____ Name of City/Town/Village _____

Name of District _____ Pin-Code _____ State _____ Mobile No .of Account Holder _____

BANK ACCOUNT NO.** _____

IFSC CODE OF BANK BRANCH**

Name of the KYC document submitted ** _____ KYC ID No. _____

PAN NUMBER, IF AVAILABLE** _____ AADHAAR NUMBER, IF AVAILABLE** _____

DATE OF BIRTH ** _____ E-MAIL ID** _____

Whether suffering from any disability _____ If yes, details thereof _____

NAME AND ADDRESS OF NOMINEE _____

DATE OF BIRTH OF NOMINEE _____ 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 _____

MOBILE NUMBER OF GUARDIAN / APPOINTEE _____

EMAIL ID OF NOMINEE _____

EMAIL ID OF GUARDIAN/APPOINTEE _____

I hereby enclose a copy of my ----- 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 of Applicant

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

Date _____ Signature of the Bank (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/BC)

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Ms. holding Madhya Pradesh Gramin Bank Account No..... consenting and authorizing auto-debit from the specified Bank account to join the **Pradhan Mantri Suraksha Bima Yojana** with New India Assurance Co. Ltd. for cover under Master Policy No....., subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Date _____ Signature of authorized official of Bank Office Seal