युनाइटेड इंडिया
UNITED INDIA
युनाइटेड इंडिया इंश्यूरेन्स कं. लिमिटेड
UNITED INDIA INSURANCE CO. LTD.

Pradhan Mantri Suraksha Bima Yojana

കേരള ഗ്രാമീൺ ബാങ്ക്
Kerala Gramin Bank

PRADHAN MANTRI SURAKSHA BIMA YOJANA

Consent-cum-Declaration Form

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

Agency / BC Code _____

Savings Bank Account No. | | | | | | | | | | | | | | | | |

1. Name in Full:	**5. Mobile /Contact Number:**
2. Address:	**6. Aadhar No (if available):**
	7. Whether suffering from any disability: **If yes, details thereof:**
3. Date of Birth (As per KYC document) : **(dd/mm/yyyy)**	**8. Name & Address of the Nominee (if any), and Relationship with him / her:**
4. Email ID:	
9. Name & 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 the above Bank as Master Policyholder.

I hereby authorize you to debit today my Saving 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 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 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 UNITED INDIA INSURANCE COMPANY 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 of the Account Holder

Signature verified
(Bank Branch Official)

ACKNOWLEDGEMENT CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Sri / 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 UNITED INDIA INSURANCE COMPANY LTD under Master Policy No. 1010014215P999990020, 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