PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA





CONSENT-CUM-DECLARATION FORM

I hereby authorize you to debit my account with your Branch with Rs. _____ (applicable premium#) towards premium of life insurance cover of Rs two lakhs 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.436/- (Rupees four hundred thirty six 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 am aware that the risk will not be covered during the first 30 days from the date of enrollment / re-joining into the scheme (lien period) and in case of death (other than due to accident) during lien period, no claim would be admissible.

I authorize the Bank /Post Office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to HDFC Life

Name of the account	Father's / husband's		
holder**	name**		
Address of the	Name of City / town /		
account holder	village		
	Name of State		
Name of District			
	Mobile number of		
Pin Code	account holder		
Bank/Post office	IFSC Code of Bank		
Account No.**	Branch**		
Name of the KYC	KYC* Id number		
*document submitted			
PAN Number, if	AADHAAR Number, if		
available**	available**		
Date of birth **	E-mail Id**		
Name and address of	Date of Birth of nominee		
nominee	Relationship of nominee		
	with the account holder		
Name and address of	Relationship of the		
Guardian / appointee	guardian / appointee		
(if nominee is minor)	with the nominee		
Mobile number of	Mobile number of		
nominee	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
	Address:

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

Signature of the Bank / Post Office Official Date:
(Rubber Stamp with bank/ Post office branch name and code)

For Office Use

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

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We	hereby	acknowledge	receipt	of "Con	sent-cum-Dec	laration Form	n" from	Shri /	Ms.
				holding	Bank	/Post	Office	Ac	count
No			Aa	adhar No		c	onsenting	and autho	orizing
auto-	debit fro	m the specifi	ed Bank /	Post Offic	e account to	join the Prac	lhan Mant	ri Jeevar	ı Jyoti
Bima	Yojana	with HDFC	Life for co	over under	Master Policy	No		, sub	ject to
corre	ectness of	information	provided re	egarding el	ligibility and re	eceipt of cons	sideration	amount.	

Signature of authorised official of Bank / Post Office

Date:
Office Seal

If the enrolment takes place during the months of -

- a. June, July & August Annual premium of Rs. 436/- is payable
- b. September, October & November quarterly premium of Rs. 342/- is payable
- c. December, January & February quarterly premium of Rs. 228/- is payable
- d. March, April & May quarterly premium of Rs. 114/- is payable.