PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY) - (Annexure-3-Rev)



consideration amount.

Bank Logo

CONSENT-CUM-DECLARATION FORM

	(To be		ing the scheme on or after 01.09	<u>9.2018)</u>	
		<u>For</u>	Office Use		
Agent'/BC's Name*			Agency/BC Code	е	
Bank A/c details of Agent/B	3C - *	Bank:			
Signature of Agent/Banking	Corresponde	ent*			
I, hereby give my consent to be administered by your Bank			tri Jeevan Jyoti Bima Yojana	ı' of LIC of India which will	
I hereby authorize you to	Only) and	d GST if applicable to	wards premium of life cove	r under PMJJBY. I further	
authorize you to deduct in fu					
amount of ₹.330/- (Rupees the time, which may be intimated					
I have not authorized any oth restricted to $\overline{\checkmark}.2,00,000$ /- only	er bank to del in the event o	bit premium in respect of my death.	t of this scheme. I am aware	that my life cover shall be	
I have read and understood t aware that the risk will not be					
and in case of death (other th					
and in case of death (other th	an due to acci	ident/ during hen pend	od, no ciann would be admiss	inie.	
I authorize the Bank to conve insurance scheme to LIC OF I Applicant Details, as per Banl	INDIA	-	<i>ı</i> , as required, regarding my	admission into the group	
Name of the Assessment health	. / Dl-				
Name of the Account holder Date of birth of Account	(as per Bank	records)			
holder					
Savings Bank Account		Aad	Ihar Number of Account		
No.		hole	der, if available		
E-mail ld			oile No.		
Name, address and			ne and address of Guardian		
relationship of nominee		,	ominee is minor) dress		
Age of Nominee		Add	iress		
I hereby nominate my nomine	e as above ur	nder this scheme.			
Nominee being minor, his / he	er quardian is	appointed as above.			
I hereby declare that the above information shall form the base	re statements sis of admissi	are true in all respects on to the above schem			
membership to the scheme sl	nall be treated	l as cancelled.			
ate: Signature					
			Address:		
Signature verified (Branch Official) (Rubber Sta	amp with bank	k branch name and coo	de)		
Δ.	CKNOWI FDG	SEMENT SLIP CUM CEI	RTIFICATE OF INSURANCE		
We hereby acknowledge rece Bank Account No	ipt of "Conse	nt-cum-Declaration Fo	rm" from Sri / Smt		
from the specified Bank Acco	ount to join the	e Pradhan Mantri Jeev	an Jyoti Bima Yojana with L	IC of India for cover under	