

1072

बिमा प्रियम OC (11)

उम्र 28

★	डकुमेंट्स सभी अटेंडेंस रिट करना जरूरी है + जोड़ी		
(1)	पास बुक में बलेन्स चेक करना है।		
(2)	पास बुक में 500 रु बलेन्स रखके पार्टी से पास बुक लेना है।		
(3)	अगर पास बुक में पैसे कम है तो आफिस वाले डाइरेक्ट		
(4)	बिमा करने पहले पास बुक बलेन्स चेक करके फार्म जमा करना है।		
1	नाम	उमा प्रफुल माहिला मेगाम	सही
2	वय	28	
3	अकाउन्ट	507302010034666	
	पासबुक		
5	बैंक का नाम	यूनियन बैंक	
6	वारसदार	प्रफुल मेगाम	
7	नाता	पति	
8	कोर पेज		
9	मोबाइल नम्बर		
10	50 वय के मन्दर		
1	कागजात	माधार + राशनकार्ड + इलेक्शन + जो. ए-4	
3	OC बिमा फार्म		
4	समस्या - 1	समस्या - 2	समस्या - 3
(F)	बिमा ही गया है।		

विमान नियम

OC

50 लाफरी

मि	उमा प्रमन गेमान
वय	32
सकाउट	507302010034666
+ पाकन बुक	हा
3 बैड का नाम	अनिमन बैक
4 वारनदार	प्रमन गेमान
5 नाता	पानी
कोर पेन सही	
6 मोबाइल	9421940152
50 वय	हा
को अन्तर	
कागजत	आधार + राशनकार्ड + हा
कोटा = 4	हा
10 OC विमा	
फार्म	
हा	
समस्या	HK OK

Union Bank
of India



ANNEXURE - 3 (Revised)

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA CONSENT-CUM-DECLARATION FORM

(To be filled in by members joining the scheme on or after 01.09.2016)

DETAILS OF AGENT/BANKING CORRESPONDENT (FOR OFFICE USE ONLY)

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

I hereby give my consent to become a member of 'Pradhan Mantri Jeevan Jyoti Bima Yojana' of SUD LIFE which will be administered by your Bank under Master Policy No. JJ000002.

I hereby authorize you to debit my Savings Bank Account with your Branch with ₹ 330/- (Rupees Three Hundred Thirty Only) plus Service Tax if applicable towards premium of life cover 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 ₹ 330/- (Rupees three hundred thirty only) and Service Tax if applicable, 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 to debit premium in respect of this scheme. I am aware that my life cover shall be restricted to ₹ 2,00,000/- only in the event of my death.

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 45 days from the date of enrollment into the scheme (Ilen period) and in case of death (other than due to accident) during Ilen period, no claim would be admissible.

I authorize the Bank to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to SUD LIFE.

APPLICANT DETAILS AS PER BANK / KYC RECORDS

Name of the Account Holder (as per Bank records)	FIRST NAME	MIDDLE NAME	SURNAME
Saving Bank A/c No.:	Aadhaar No.:		
Email ID:	Mobile No.:		
Address:	Date of Birth:		
Full Name and Address of Nominee:	Relationship:		
Full Name and Address of Guardian (if Nominee is minor):	Relationship:		

I hereby nominate my nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as above.

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.

Signature: _____

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

Date: _____

Address: _____

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Sh./Smt. _____ holding Bank Account No. _____ Aadhaar No. _____ consenting and authorizing auto-debit from the specified Bank Account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with SUD LIFE for cover under Master Policy No. JJ000002, subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Seal & Signature of Authorised Bank Officer

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: Bank of India, Star House, C-5, "C" Block, Bandra - Kurla Complex, Bandra (East), Mumbai - 400 051
Corporate Office: 11th Floor, Vishwaraop IT Park, Raghunatha Arcade, Sector 30A, Old Vashi Railway Station, Vashi, New Mumbai - 400 703
www.sudlife.in | IRDA Regn. No. 142 | CIN: U66010MH2007PLC174472

भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India

E-Aadhaar Letter

नामांकन क्रमांक/Enrolment No.: 200635008/00324

Uma Praful Meshram (उमा प्रफुल मेश्राम) संख्या कार्ड
Permanent Account Number Card
W/O: Praful Premal Meshram, Chulod Road, Asoli,
Aasoli, Gondiya,
Maharashtra - 441601

आपका आधार क्रमांक/ Your Aadhaar No.:

3552 6431 6563



आधार-आम आदमी का अधिकार

947
066 255 947
www.uidai.gov.in

- आधार देश भर में मान्य है।
- आधार के लिए आपको एक ही बार नामांकन दर्ज करवाने की आवश्यकता है।
- कृपया अपना नवीनतम मोबाइल नंबर तथा ई-मेल पता दर्ज कराएं, इससे आपको विभिन्न सुविधाएं प्राप्त करने में सहाय्य होगी।

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

Signature valid
Digitally signed by Sandeep Bhardwaj
Date: 2014.00.22 11:52:15

- Aadhaar is valid throughout the country.
- You need to enrol only once for Aadhaar.
- Please update your mobile number and e-mail address. This will help you to avail various services in future.

भारत सरकार
GOVERNMENT OF INDIA



उमा प्रफुल मेश्राम
Uma Praful Meshram
जन्म तिथि/ DOB: 25/07/1992
महिला / FEMALE

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O: प्रफुल प्रेमलाल मेश्राम,
चुलोद रोड, आसोली,
आसोली, गोंदिया,
महाराष्ट्र - 441601

Address:

W/O: Praful Premal Meshram,
Chulod Road, Asoli, Aasoli, Gondiya,
Maharashtra - 441601

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3552 6431 6563

आधार-आम आदमी का अधिकार

Aadhaar-Aam Admi ka Adhikar

अभिरक्षा सुनिश्चित करें. पास बुक गुम होने, चोरी होने, नष्ट होने या कटफट जाने पर डुप्लीकेट पास बुक हेतु आवेदन करें. डुप्लीकेट पास बुक जारी की जाती है.

body of the pass book. In case it is lost, stolen, destroyed or spoilt, make an application for issuance of a duplicate pass book. Duplicate pass book will be issued on payment of Rs. 100/- and without any charge.

507302010034666 (SB GENERAL)

507302010034666 (SB GENERAL)

Alter payee's name and amount, please draw a line in the space left on the cheque.

A cheque should be signed after all details filled in and verified.

Do not write on the back of the cheque.

Do not write on the back of the cheque.

5. चेक किसी को प्रदान करने से पूर्व ऊपरी बाएं कोने पर दो समानांतर रेखाएं खींच कर चेक को रेखांकित कर दें. रेखांकित चेक का भुगतान किसी

अन्य व्यक्ति को प्रदान करने से पूर्व ऊपरी बाएं कोने पर दो समानांतर रेखाएं खींच कर चेक को रेखांकित कर दें. रेखांकित चेक का भुगतान किसी

www.unionbankonline.co.in/

Cross a cheque by drawing two parallel lines at the top left corner of the cheque before handing over. A crossed cheque makes it easy to track any wrong payment to an unintended beneficiary.

Village : Gondia (M.C.)

Missed Call Balance Mob No: 09223008585

जाएगा. इसके अतिरिक्त खातों में पर्याप्त शेष रहे बिना चेक जारी करने की स्थिति में आदाता द्वारा आपके विरुद्ध आपराधिक कारवाई भी की जा सकती है.

you for the transaction. Besides, the payee can take criminal action against you for issuing cheque without having the funds to pay for it.

IFSC Code : UBIN0550736

If asked to give blank cheque for verification of bank account number, write the word 'Cancelled' diagonally across the cheque before giving it.

GONDIA

BALAGHAT ROAD GONDIA-441614
07182-251857.253278

Union Bank
of India

Issue date: 0

Sr No: 3

MAHARASHTRA

IND.

IFSC Code : UBIN0550736

शाखा BRANCH

507302010034666 ✓

शाखा का पता Branch Address :

(SB GENERAL)

शाखा का फोन नं./Branch Phone No.:

MS UMA PRAFUL MESHAM
MR PRAFUL PREMLAL MESHAM

खाते क्र. Account No.:

HOUSEWIFE

In the Name of :

AT POST ASOLI GONDIA
GONDIA

DISTRICT GONDIA

Pin : 441614 MAHARASHTRA

INDIA

नाम Name i)
ii)
iii)

03-10-2012

Branch Phone No : 07182-251857.253278

पेशा Occupation

पता Address

खाते खोलने की तारीख
Date of Opening A/c

नामांकन पंजीकृत / Nomination Registered : हाँ Y / नहीं N

लेखाकार Accountant

उमा प्रमल

दिनांक Date	विवरण Particulars	सोल आयडी SOL ID	चेक नं. CHQ. No.	निकाली गयी राशि DEBIT	जमा की गयी राशि CREDIT	जमाकर्ता के खाते में शेष राशि BALANCE	हस्ताक्षर अक्षर INITIAL
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01-07-19	BY MEDICAL OFFICER			115.00			
01-07-19	BY INOT 1 OTS MICA D/A MLE				4000.00	4789.00	
01-07-19	BY CASH				6000.00	10789.00	
01-07-19	BY INOT 1 OTS MICA D/A MLE				4000.00	14789.00	
01-07-19	BY				6000.00	20789.00	
01-07-19	BY			10000.00		10789.00	
01-07-19	BY			15.00		10774.00	
01-07-19	BY				40.00	10734.00	
01-07-19	BY				60.00	10674.00	
01-07-19	BY				100.00	10574.00	
01-07-19	BY				100.00	10474.00	
01-07-19	BY				100.00	10374.00	

29-2-2020 PM 3:30 PM

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उमा मेहन

OC