

on Bank





PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA CONSENT-CUM-DECLARATION FORM (To be filled in by members joining the scheme on or after 01.06.2016)

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We hereby acknowledg	e rece	ipt o	l "Cor	nsent	-cum	-Dec	lara	tion	For	m" f	rom	Sh.	/Sm	ıt															
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PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA



CONSENT-CUM-DECLARATION FORM

(To be filled in by members joining the scheme during the permitted 'Enrollment Period')

For Office Use

Agent'/BC's Name*	Tor Office OSE
Bank A/c details of Agent/BC - *	
Signature details of Agent/P.C.	Agency/BC Code No.*
Oignature of Agent/Parking	a company just a company of the comp
Signature of Agent/Banking Corre	espondent*

Tax if applicable towards premium of life cover and a DATURY of the Rs.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. on 1st of June every year until further instructions, an amount of Rs.330/- (Rupees three hundred thirty only) and Service Tax if applicable, or any amount as decided from time to time which the serviced towards renewal of coverage under 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

I have read and understood the Scheme rules and I hereby give my consent to become a member of the Scheme.

' authorize the Bank to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to

Applicant Details, as per Bank / KYC records :

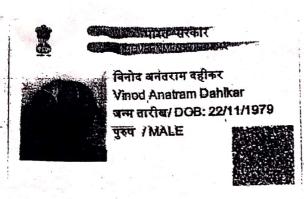
Name of the Account holder Savings Bank Account No. E-mail Id Name, address and relationship (if any) of	as per Bank records) (as per Bank records) (िक्सी चंद किट्य	Aadhar Number, if available Mobile No. Name and address of Guardian (if nominee is minor)	GE1002 2019 (783748)
ereby nominate my nominee as at	22-11-1979	Address	चीरवेदी उलाव जवक कुलचर टीना कुलचर

	22-11-1979	1033	जवक केलन्दर द्रान
Date Signature verified	irdian is appointed as above. atements are true in all respects and cheme and that if any information be	round anade, my member	nat the above information shall form the rship to the scheme shall be treated as
(Branch Official) (Rubber Stamp w	ith bank branch name and code)		
We hereby acknowledge receipt of	CKNOWLEDGEMENT SLIP CUM C "Consent-cum-Declaration Form" fro	ERTIFICATE OF INSURA	NCE holding Soving Book

Declaration Form* from Shri / Smt. holding Saving Bank Account No..... . Aadhar No...... consenting and authorizing auto-debit from the specified Savings Account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with SBI Life Insurance Company Limited for cover

under Master Policy No 76001000135 subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Seal & Signature of Authorised Bank Official



2019 1763 7481

आधार-सामान्य माणसाचा अधिकार



पारतासभविकारः पहचान प्राधिकरण स्रोक्षणकारमञ्जूष्टिकारण

पत्ताः

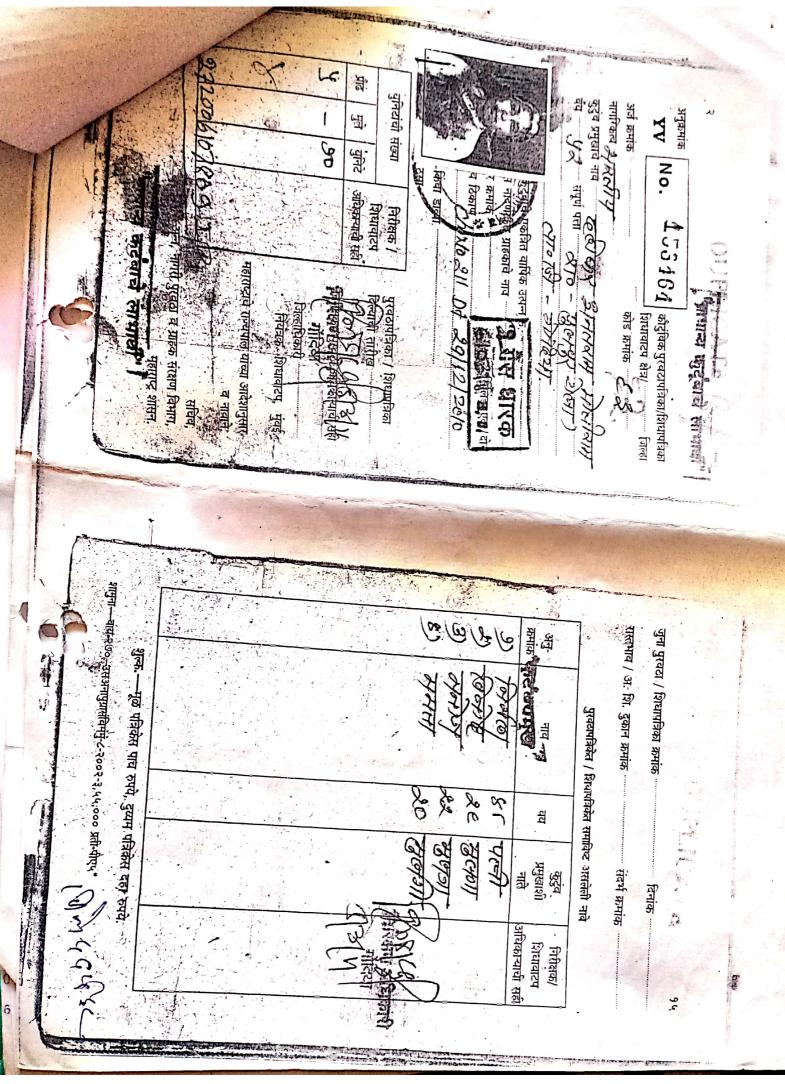
S/O अनंतराम दहीकर, चीरबंदी तलावा जवळ, फुलचूर टीला, फुलचूर, गोदिया,

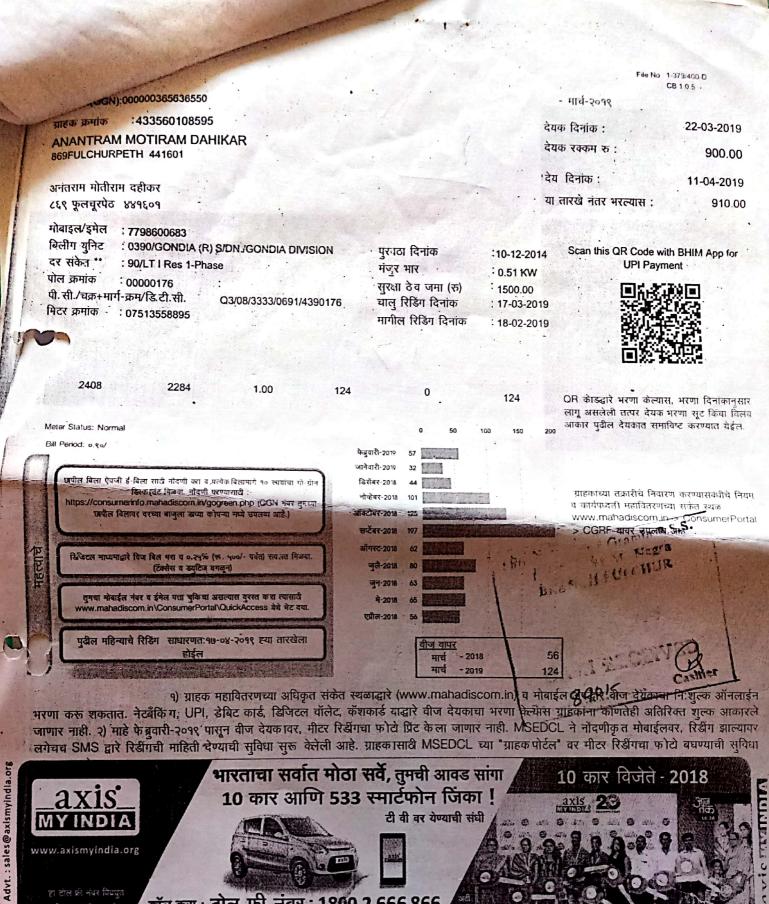
महाराष्ट्र - 441601

Address

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