

ये है आपके भविष्य की सुरक्षा के लिए जरूरी



**CONSENT-CUM-DECLARATION FORM**

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

I hereby give my consent to become a member of ' Pradhan Mantri Jeevan Jyoti Bima Yojana ' of LIC of India which will be administered by the Post office as **Master Policyholder No 900100940**.

I hereby authorize you to debit today my Post office Savings Account with your Post office with 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 25<sup>th</sup> May and not later than on 1<sup>st</sup> 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 may be intimated immediately if and when revised, towards renewal of coverage under the Scheme.

I have not authorized any other Post office or Bank to debit premium in respect of this scheme. I am aware that my life cover shall be restricted to Rs 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 authorize the Post office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to LIC of India.

**Applicant Details, as per Post office / KYC records:**

*Name of the Account holder (as per Post office records)		Aadhar Number, if available	
*Post office Savings Account No. and CIF ID	*A/C No.- *CIF ID- (For Joint Account)		
*SOL ID (Post Office)		Mobile Number	
E-mail ID		*Name of Nominee	
*Relationship of Nominee with subscriber		*Name of Guardian if Nominee is minor.	
*Address of Nominee/Guardian Locality/Village/City/Dist./State		*Date of Birth of Subscriber	
*Full Address of Subscriber Locality/Village/City/Dist./State			

**\*Mandatory Fields**

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.

Date: \_\_\_\_\_

Signature & Address of Witness  
(If Subscriber is illiterate)

Signature/Thumb Impression\* of Subscriber

(\* LTI in case of male and RTI in case of female)

(FOR OFFICE USE)

Form is checked, Signatures verified with Office Record/Witness Accepted.

Signature of Postmaster with Seal

(To Be Filled by the Official who collected Form)		
Name _____	Designation _____	Office of Posting _____
Mobile No. _____	Name of HPO from which Pay is Drawn _____	
Signature of the Official with Date _____		

**ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE (to be cut and given to subscriber)**

We hereby acknowledge receipt of "Consent-cum-DeclarationForm" from Shri / Smt. \_\_\_\_\_ holding Post office Savings Account No. \_\_\_\_\_, Aadhar No. (if available) \_\_\_\_\_, consenting and authorizing auto-debit from the specified Post office Savings Account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with LIC of India for cover under **Master Policy No.900100940**, subject to correctness of information provided regarding eligibility and receipt of consideration amount. Insurance cover will start from the date on which premium will be received by LIC.

Signature of Postmaster with Seal