

**Canara HSBC Life Insurance Pradhan Mantri Jeevan Jyoti Bima Yojana**  
**A Non-participating Non-Linked Group Term Insurance Plan**



**CONSENT-CUM-DECLARATION FORM**

**For Office Use**

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 Yojna' of Canara HSBC Life Insurance Company Limited which will be administered by Canara Bank under Master Policy No. ..... (To be pre-printed)

I hereby authorize you to debit my account with your Branch with Rs. \_\_\_\_\_ (applicable premium<sup>#</sup>) towards premium of life insurance cover of Rs two lakhs under PMJJBY. I further authorize you to deduct in future after 25<sup>th</sup> 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 Indian Rupees 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 enrolment/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 to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to Canara HSBC Life Insurance Company Limited.

# If the enrolment takes place on any day during the months of –

- June, July & August –Annual premium of Rs. 436/- is payable
- September, October & November –3 quarters of premium @ Rs. 114.00 i.e. Rs. 342/- is payable
- December, January & February – 2 quarters of premium @ Rs. 114.00 i.e. Rs. 228/-is payable
- March, April & May – 1 Quarterly premium @ Rs. 114.00 is payable.

Risk cover will start from the date of auto-debit of premium from the account of subscriber.

**Applicant Details, as per Bank / KYC records**

Name of the Account holder (as per Bank records) **			
Father's/Husband's name**			
Address of the Account Holder		Name of City/Town/Village	
Name of District		Name of State	
PIN Code			
Savings Bank Account No.**		Aadhar Number , if available**	
IFSC Code of Bank Branch**		PAN Number, if available**	
Name of the KYC* document submitted		KYC* ID number	
E-mail Id**		Mobile No. of Account Holder	
Date of Birth**		Name and address of Nominee	
Date of Birth of Nominee		Relationship of Nominee with the account holder	
Name and address of Guardian/appointee (if nominee is minor)		Relationship of the Guardian/appointee with the nominee	
Mobile number of nominee		Mobile number of 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: .....

(Life to be assured)

Address: \_\_\_\_\_

\*\*Confirmed that the applicant's details and signature have been verified from the records available with Canara Bank (or KYC document submitted\* by the applicant, in case it is not available with Canara Bank)

Signature of the Bank Official:.....

Date: .....

(Rubber Stamp with Bank branch name and code)

**Vernacular Declaration:**

I hereby declare that I have explained the features and terms and conditions of this product in the language understood by the life to be assured and that he/she has understood the significance of the proposed insurance cover. This form has been signed in my presence.

Signature verified :.....

(Authorized Bank Official) (Rubber Stamp with Bank branch name and code )

I \_\_\_\_\_ (life to be assured) hereby declare that I have understood the terms and conditions of the policy as explained by Authorized Bank Official

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

Signature: .....

(Life to be assured)



**ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE**

We hereby acknowledge receipt of "Consent-sum-Declaration Form" from Sh/ Smt..... holding Bank Account No..... Aadhar No..... consenting and authorizing auto-debit from the specified Bank Account to join the Pradhan Mantri Jeevan Jyoti Bima Yojna with Canara HSBC Life Insurance Company Limited for cover under the Master Policy No ..... subject to correctness of information provided regarding eligibility and receipt of consideration amount.

**Signature of Authorised Bank Official**

**Date:**

**Office Seal**