





Future Generali India Insurance Company Ltd.

## PRADHAN MANTRI SURAKSHA BIMA YOJANA

## Consent-cum-Declaration Form

Oonsent-Cani-Deciara	don't omi
(To be filled in by members joining the scheme during	g the permitted "Enrolment Period")
Agency / BC Code	-
SB/CA/CC/ Account No.	
1. Name in Full	5. Mobile /Contact Number
2. Address	
	6. Aadhar No, if available
3. Date of Birth ( As per KYC document) (dd/mm/yyyy)	7. Whether suffering from any disability
	If yes, details thereof
4. Email ID	8. Name & Address of the Nominee, if any, and Relationship with him / her
9. Name & Address of Guardian, if nominee is minor	
May every subsequent year until further instructions to the contrary (strike out w decided with immediate intimation to me.  I hereby nominate my nominee as indicated above for the benefits under the scherage of 18 years, I hereby appoint the legal guardian of the nominee as indicated above.	with Rs.12/- (Rupees Twelve only) plus Service Tax, if applicable, and on or before 31shichever is not applicable) a sum of Rupees Twelve or a revised amount that may be me, in the event of my death. In the event of my death before the nominee reaching the
I agree to pay full annual premium even if I join the Scheme after the commenceme	ent of the Master Policy.
I agree that my membership in the Scheme will remain in force as long as all premi	ums due are paid and until I have attained age 70 years as on Annual Renewal Date.
I agree to abide by the terms and conditions of the above Scheme. I agree to your Mantri Suraksha Bima Yojana to <b>Future Generali India Insurance Co</b>	conveying my personal details, as required, regarding my admission into the Pradha ompany Ltd.
I hereby declare that the above statements are true in all respects and that I agree Scheme and that if any information be found untrue, my membership to the Scheme	and declare that the above information shall form the basis of admission to the above shall be treated as cancelled.
Date:	
Signature verified (Bank Branch Official)	Signature of the Account Holder

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Smt	holding	
Saving Bank Account No	, Aadhar No. (if available),	
consenting and authorizing auto-debit from the specified Saving Bank Account to join the Pradhan Mantri Suraksha Bima Yojana with Future Generali India		
Insurance Company Ltd. under Master Policy No.	certifying coverage as per the Scheme, subject to correctness of information	
provided regarding eligibility and receipt of consideration amount.		