

e.F.No.25-08/2012-FS(CBS) (Pt.1)

Government of India
Ministry of Communication
Department of Posts
(Financial Services Division)

Dak Bhawan, New Delhi

Dated :- 10.06.2020

ADDENDUM

To,

All Head of Circles/Regions,

Subject:- Introduction of common/modified forms to be used in National Savings Schemes for CBS and non CBS Post Offices -Regarding.

Sir/Madam,

Kindly refer to the SB Order No. 17/2020, issued vide this office letter No. 25/08/2012-FS (CBS) dated 15.04.2020 on the subject cited above. This office has been receiving references to incorporate additional facilities available on Post Office Savings Account in the "Application for Opening of Account /Purchase of certificate" form.

2. After examining the issue, the competent authority has decided to incorporate the various facilities available for Post Office Savings Account customers in "Application for Opening of Account /Purchase of certificate" form for benefits of the depositors and ease of operation. Accordingly the following column added in the form.

(i) Additional Facilities available (For Post Office Savings Account)		(a) Cheque Book required:- Yes <input type="checkbox"/> No <input type="checkbox"/>	(b) IPPB A/C <input type="checkbox"/>
(c) ATM Card <input type="checkbox"/>	Internet Banking <input type="checkbox"/>	Mobile Banking <input type="checkbox"/>	(Prescribed form to be enclosed)
(d) Insurance/Pension products :- PMSBY <input type="checkbox"/> PMJJBY <input type="checkbox"/> APY <input type="checkbox"/>		(Prescribed form to be enclosed)	

3. Revised "Application for Account Opening/Purchase of Certificate" form along with prescribed form to avail above facilities is enclosed for information and further necessary action.

4. It is requested to circulate this SB Order along with copy of Forms enclosed to all concerned for information and necessary action. The same may also be placed on the notice boards of the Post Offices in public area.

This issues with approval of the Competent Authority.

Devs
10/06/2020
(Devendra Sharma)
Assistant Director (SB)

Copy to:-

1. Sr. PPS to Secretary (Posts)/Sr.PPS to Director General Postal Services.
2. PPS/ PS to Addl. DG (Co-ordination)/Member (Banking)/ Member (O)/ Member (P)/ Member (Planning & HRD)/ Member (PLI)/ Member (Tech).
3. Addl. Director General, APS, New Delhi
4. Additional Secretary & Financial Adviser
5. Chief General Manager, BD Directorate / Parcel Directorate / PLI Directorate
6. Sr. Deputy Director General (Vigilance) & CVO / Sr. Deputy Director General (PAF)
7. Director, RAKNPA / GM, CEPT / Directors of all PTCs
8. Director General P & T (Audit), Civil Lines, New Delhi
9. Secretary, Postal Services Board/ All Deputy Directors General
10. All General Managers (Finance) / Directors Postal Accounts / DDAP
11. Chief Engineer (Civil), Postal Directorate
12. All Sections of Postal Directorate
13. All recognized Federations / Unions/ Associations
14. GM, CEPT for uploading the order on the India Post website.
15. MOF(DEA), NS-II, North Block, New Delhi.
16. Joint Director & HOD, ICCW Building, 4 Deendayal Upadhyay Marg, New Delhi-110002
17. Guard File/Spare copies.



POST OFFICE SAVINGS BANK (AOF)
APPLICATION FOR OPENING OF ACCOUNT/PURCHASE OF CERTIFICATE
FOR USE OF POST OFFICE

Post Office		Tran-ID		SOL ID		Date of Maturity	
Account Number				CIF-ID (1)			
CIF-ID (2)				CIF-ID (3)			

Instructions: i. Please tick (✓) the appropriate box, ii) Use CAPITAL LETTERS only while filling in the application form iii) Submit the self-attested copies of the Documents.

To
The Postmaster
.....
.....

Paste photograph
of applicant/s

Paste photograph
of applicant/s

Paste photograph
of applicant/s

Madam/Sir,

I/We(Applicant/guardian) hereby apply for opening of an account under
.....(Savings/RD/ 1,2,3,5 Years TD/MIS/SCSS/PPF/SSA/KVP/NSC VIIIth Issue)scheme in your Post office in my/our name(s)/in
the name of minor or person of unsound mind.

(i) Additional Facilities available (For Post Office Savings Account) (a) Cheque Book required:- Yes ☐ No ☐ (b) IPPB A/C ☐
(c) ATM Card ☐ Internet Banking ☐ Mobile Banking ☐ (Prescribed form to be enclosed)
(d) Insurance/Pension products :- PMSBY ☐ PMJBY ☐ APY ☐ (Prescribed form to be enclosed)

(ii) Account Holder Type :- ☐ Self ☐ Minor through Guardian ☐ Person of unsound mind through guardian.

(iii) Account Type:- ☐ Single ☐ Either or Survivor (Joint B) ☐ All or Survivor(s) (Joint A)

1. In case of account opened in the name Minor/ Person of unsound mind.

Name of Minor/ Person of unsound mind	Date of Birth(DD/MM /YYYY) in words	Gender (M/F/O)	Name of Guardian, Relationship and status – Natural or Legal
1.			
2.	Details of proof of age of minor along with its date of Issue and Issuing Authority (In case of SSA A/c Birth Certificate is mandatory)		

2. I/We tender herewith Rs...../-(Rs.....(In words) in cash/DD/Cheque No..... date..... as initial deposit. My/Our particulars are as under:-

Particulars	1 st Applicant	2 nd Applicant	3 rd Applicant
Name of the Applicant/ Guardian			
Name of Husband/ Father/ Mother			
Gender (M/F/O)			
Date of Birth (DD/MM/YYYY) and In words (mandatory)			
Aadhaar Number			
PAN Number*			
CIF ID (existing A/Cs holders)			
Present Address:- House/Locality/Village & Post Office/City/District/ State/Pin Code			
Permanent Address:- House/Locality/Village & Post Office/ City/ District/ State/Pin Code			
Telephone No./Mobile No.*			
E-mail ID			
ID Proof (Document No./Date of Issue/ Issuing Authority)			
Address Proof (Document No./Date of Issue/ Issuing Authority)			
For SCSS Account details of proof of age (Doc. No., issue Date and Issuing Authority)			

(If Aadhaar Card details are not provided, any of the following documents can be accepted as valid documents for the purpose of identification and address proof) :- 1. Passport 2. Driving license 3. Voter's ID card 4. Job card issued by NREGA signed by the State Government officer 5. Letter issued by the National Population Register containing details of name and address.

Specimen Signatures

1.....1.....1.....
2.....2.....2.....
3.....3.....3.....

Name:-.....Name:-.....Name:-.....

3. Declarations

General:-(1) I/We hereby undertake to abide by the scheme provisions and Government Savings Promotion Rules, 2018 applicable on the Scheme and amendments issued thereto from time to time.

(Details available at <https://www.indiapost.gov.in/VAS/Pages/RTI/RTI-Manual-5.aspx>)

(2) I/We further declare that I/We/Minor/person of unsound mind is/are Resident citizen of India and undertake to inform the account office of any change in My/our residency/citizenship status in future.

(3) I hereby agree that account will be operated by me till account holder attained age of 18 years and thereafter, account holder will operate the account. (In case of SSA and Minor Account opened through Guardian).

(4) In case services of SAS/MPKBY Agent are taken: -

Name of Agent Authority No..... Date of validity.....

(5) Standing Instruction (i.e. MIS to SB, SB to RD etc.) if any.....

☐ **SSA :-** I hereby declare that no other account has been opened under Sukanya Samridhi Account in the name of the depositor in any of the Post office/Bank in the country.

☐ **PPF :-(1)** I hereby declare that no other account has been opened under Public Provident Fund Account in the name of the myself/minor in any of the Post office/Bank in the country.

(2) I further declare that I will abide by the ceiling of maximum deposit in the accounts opened in my name and in the name of minors as per provision of the scheme and any deposit in excess of the ceiling will be treated as in contravention to the Scheme provisions.

☐ **MIS/SCSS :-** I/We hereby declare details of my/Our existing accounts* as on today under "National Savings Monthly Income Account/ Senior Citizen Savings Scheme" in any of the Post Office/Bank in the country.

Sl.No.	Name of Scheme (MIS or SCSS)	Date of opening of account	Amount deposited	Customer Identification Number (CIF No.)	Account Number	Name of Post Office/Bank
1						
2						

*If number of accounts is more, details of all accounts should be filled and attached as annexure duly signed.

Please tick (v) the appropriate box

Date:-

Signature or thumb impression of Applicant(s)/Guardian

4. Nomination

I/We.....hereby nominate the person(s) mentioned below to whom to the exclusion of all other persons in the event of my death the amount standing to my credit in(Name of Scheme) at the time of my death would be payable.

S.No.	Name(s) of the nominee(s) and relationship	Full address (s)	Aadhaar number of nominee (optional)	Date of birth of nominee in case of minor nominee	Share of entitlement	Nature of entitlement Trustee or owner
1						
2						
3						
4						

As the nominee(s) at Serial No.(s).....specified above is/are minor(s), I/We appoint Shri/Smt/Kumari.....S/o,D/o,W/o.....

Address.....to

receive the sum due under the said account in the event of my/Our death during the minority of the nominee(s).

(In case, applicant(s) is/are illiterate)

1. Signature of witness.....

Name & Address.....

2. Signature of witness.....

Name & Address.....

Place:

Date:

Signature or thumb impression of Applicant(s)/Guardian

FOR USE OF POST OFFICE

I have carefully examined this application and Identification as well as address proof documents submitted. Opening of account is approved.

Account has been opened in the name of.....with Rs.....on..... (Date) underscheme vide A/c No. dated

Nomination registration details:-

Date Stamp	Signature of GDS Branch Post Master Name Stamp of EDBO	Date Stamp	Signature of Sub/Asst./Head Post Master Designation stamp
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POST OFFICE SAVINGS BANK

ATM Card / Internet / Mobile / SMS banking service request form

Please fill the application in block letters only

Post Office _____	Date _____ (dd/mm/yyyy)
*CIF ID <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	* Primary Account ID <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>

1. *Applicant's Name

First Name	<table border="1" style="width: 100%; height: 20px;"></table>
Middle Name	<table border="1" style="width: 100%; height: 20px;"></table>
*Last Name	<table border="1" style="width: 100%; height: 20px;"></table>

2. *ATM Card required for (please tick ✓ the relevant box)

(a) Self	(b) Joint "B" Account Holder	(c) Not Needed
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3. * Please provide the below details:

Mobile Number	PAN Number
Email ID	
Date of Birth(DD-MM-YYYY)	Mother's Maiden Name

4. *Please tick relevant requirement from below options

SI No	Request type	Tick ✓ the relevant option						
a.	Instant ATM Card							
b.	New Personalized ATM card (or) Replaced Personalized ATM card Name to be printed on the card (Not exceeding 21 characters including space) <table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">New request</td> <td style="width: 20%;"></td> </tr> <tr> <td>Replacement request</td> <td></td> </tr> </table>	New request		Replacement request			
New request								
Replacement request								
c.	Replacement with Instant ATM card							
d.	ATM card PIN request							
e.	ATM card hot-listing / closure request (Provide last 4 digits of the card number for closure only)							
f.	Internet Banking and Mobile Banking							
g.	Internet Banking							
h.	SMS Banking							
i.	Linking of Secondary accounts existing active ATM card (Should be done once primary account card is activated) <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td colspan="2">Provide SB Account IDs to be linked</td> </tr> <tr> <td style="width: 5%;">1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> </table>	Provide SB Account IDs to be linked		1		2		
Provide SB Account IDs to be linked								
1								
2								

Note : For availing Mobile Banking services, Internet Banking is mandatory.

(* marked fields are Mandatory fields)

Declaration

I/We declare that above information is correct. I/We authorize Department of Posts to debit/ recover the charges as applicable from time to time from my/our account for withdrawals using my ATM Card or Internet/Mobile/SMS Banking. I/We undertake to maintain sufficient funds excluding the minimum balance stipulated in my account. I/We will accept full responsibility for transactions done through my/our ATM Card or Internet/Mobile/SMS Banking and agree not to make claims against Department of Posts.

Terms and conditions for Internet/Mobile/SMS banking: I/We have read the provisions contained in the terms and conditions document available in India post internet banking website and I/We agree that transactions executed over India post internet /Mobile /SMS banking using my/our user ID and password will be binding on me/us.

Terms and conditions for ATM card usage: - I/We agree to the terms and conditions printed below.

*Signature of the applicant

For Office Use only

Certified that the customer submitted the application in person across the counter and KYC documents, signature and photograph of the customer are duly verified and updated at CIF level. Please collect fresh KYC and get it uploaded, if photograph and signature are not available in CBS.

SOL ID

Type of Request	Type of service	Maker User ID	Checker User ID
ATM related services			
Internet/Mob/SMS Banking			

Date Stamp of Post Office

Signature of Chief/Sr./Head/Sub Postmaster

Terms and Conditions for usage of DOP ATM card

The Terms and Conditions under which the DOP ATM Card has been issued are mentioned below for your guidance.

(a) Terms used here

- DOP refers to Department of Posts.
- Card means DOP ATM Card issued to customer.
- Cardholder means customer who has been issued DOP ATM Card.
- PIN mean a 4-digit number allotted to the card holder.

(b) Card

- The Card is the property of DOP and shall be returned unconditionally and immediately to DOP upon request by DOP.
- DOP reserves the right to cancel the Card and stop its operations unilaterally without assigning any reason.
- The Card is non- transferable.
- PIN/OTP: The Cardholder acknowledges, represents and warrants that the PIN/OTP provides access to the designated account(s) and that the Cardholder accepts the sole responsibility for use, confidentiality and protection of the PIN/OTP, as well as for all mandates and information changes entered in to the account using such PIN/OTP. The Cardholder shall not record the PIN/OTP in any form so as to protect the PIN/OTP from falling into the hands of a third party. The Cardholder grants express authority to DOP for carrying out transactions and instructions authenticated by the PIN/OTP and shall not revoke the same. DOP has no obligation to verify the authenticity of the transaction instruction sent or purported to have been sent from the Cardholder other than by means of verification of the Cardholder's PIN/OTP. The Card, therefore, should remain in Cardholder's possession and should not be handed over to anyone else. The Card is issued on the condition that DOP bears no liability for the unauthorized use of the Card. This responsibility is fully that of the Cardholder. Further DOP will not be responsible for any loss either direct or indirect on account of ATM failure/malfunctioning.

(c) Loss of Card

- The Cardholder should immediately block the Card through the available channels (i.e., through call centre or any DOP Branch)
- The Cardholder is responsible for the security of the Card and shall take all steps towards ensuring the safekeeping thereof. Further, in the event, DOP determines that the aforementioned steps are not complied with, financial liability on the lost or stolen Card would rest with the Cardholder.
- Fresh Card will be issued in replacement of lost/damaged Card.
- DOP has the authority of the Cardholder to debit the designated account of the Cardholder for all withdrawals and payments effected by or purported to be effected by the Cardholder using the Card, as evidenced by the records, which will be conclusive and binding on the Cardholder. The Cardholder expressly authorizes DOP to debit the designated account with service charges (if any) notified by DOP from time to time. Please visit www.indiapost.gov.in for the updated service charges.

(d) Transactions:

- The transactions record generated by an ATM or POS terminal/e-Commerce will be binding on the Cardholder and it will be conclusive unless verified otherwise and corrected by DOP. The verified and corrected amount will be binding on the Cardholder.
- **Closing of Accounts:** The Cardholder wishing to close the designated account and surrender the Card will first have to give application in writing and surrender the Card along with the application.
- **Validity of Card:** The validity of the Card is printed on the face of the Card. The Card is valid through to the last date of the month of expiry.
- **Renewal of Card:** DOP will automatically renew the card, free of cost on it's expiry.
- **Help line :** For more information and help, please call DOP's tollfree number i.e. 1800-425-2440. Toll free numbers are accessible from all landlines and mobile phones in the country.
- **Transaction charges:** The Cardholder's account is liable to be debited with the additional charges for transaction(s) made at ATMs owned by the banks other than DOP beyond the permissible limits. Please visit www.indiapost.gov.in for the updates.

(e) Fees and Charges:

- The annual fee for the Card will be debited to the primary account linked with the Card on application/renewal at DOP's prevailing rate. The fee is non-refundable. The cardholder shall maintain at all times such minimum balance in the designated account, as DOP may stipulate from time to time. DOP reserves the right at any time to charge the cardholder for the issue or reissue of a Card and/or any fee/charges for the transactions carried out by the cardholder on the Card.

(f) Additional Terms

- DOP reserves the right to introduce new facilities or remove existing facilities as and when warranted, without assigning any reasons thereof. DOP may, at its discretion, refuse any application for the Card without assigning any reason. Fee charged (if any) for the use of the Card is non-refundable under any circumstances. DOP has the right to withdraw the privilege attached to the Card and to call upon the Cardholder to surrender the Card through any representative of DOP, without assigning any reason.
- Use of the Card shall be terminated without notice, upon receiving intimation of the death, bankruptcy or insolvency of the Cardholder or on receipt of a letter from any one of the joint account holders changing the operative clause, receipt of an attachment order from a Competent court or revenue authority or from RBI due to violation of FEMA/Exchange Control Regulations, or for other valid reasons or when the whereabouts of the Cardholder become unknown to DOP due to any cause attributable to the Cardholder.
- The ATM service is for withdrawing cash against the balance that is already available in your account. It is therefore the Cardholder's obligation to maintain sufficient balance in the designated account to meet cash withdrawals and service charges. DOP at its absolute discretion may amend the Terms and Conditions governing ATM services.

ये है आपके भविष्य की सुरक्षा के लिए जरूरी



Pradhan Mantri Suraksha Bima Yojana



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

*Savings Account No.-	*SOL ID (Post Office)-
*CIF ID (in case of Joint Account)-	
*Name in Full-	Mobile /Contact Number-
*Address - Locality/Village/City/ Tehsil/Dist./State	*Whether suffering from any disability(Y or N) - If "Y", details thereof-
*Date of Birth (As per KYC document)-	Aadhar No, if available-
*Name of Nominee-	*Relationship of Nominee with Depositor-
*Name of Guardian if nominee is minor-	E Mail ID-
*Address of Nominee/Guardian - Locality/Village/City/Tehsil/Dist./State	

*Mandatory Fields.

I hereby give my consent to become a member of ' Pradhan Mantri Suraksha Bima Yojana' which will be administered by the above Post office as Master Policyholder.

I hereby authorize you to debit today my Post office Savings Account with your Post office with Rs.12/- (Rupees Twelve only) plus Service Tax,if applicable,and on or before 31st May every subsequent year until further instructions to the contrary (strike out whichever is not applicable) a sum of Rupees Twelve or a revised amount that may be decided with immediate intimation to me.

I hereby nominate my nominee as indicated above for the benefits under the scheme, in the event of my death. In the event of my death before the nominee reaching the age of 18 years, I hereby appoint the legal guardian of the nominee as indicated above for the purpose of receiving the benefits under the scheme.

I declare that I am not insured under Pradhan Mantri Suraksha Bima Yojana under any other Post office Savings Account or any Bank Account. In case the same is found to exist, premium shall stand forfeited and no claims would be paid.

I agree that the cover shall commence from the 1st of the month subsequent to the date of enrolment in the scheme.

I agree to pay full annual premium even if I join the Scheme after the commencement of the Master Policy.

I agree that my membership in the Scheme will remain in force as long as all premiums 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 conveying my personal details, as required, regarding my admission into the Pradhan Mantri Suraksha BimaYojana to **NATIONAL INSURANCE COMPANY LIMITED**.

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/Thumb Impression* of Subscriber
(* LTI in case of male and RTI in case of female)

Signature and Address of Witness
(in case of illiterate depositor)

(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 Official with Date _____		

ACKNOWLEDGEMENT CUM CERTIFICATE OF INSURANCE

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 Suraksha BimaYojana with National Insurance Company Ltd.(NIC) under **Master Policy No 36090042158200000519** certifying coverage as per the Scheme, subject to correctness of information provided regarding eligibility and receipt of consideration amount. Insurance cover will start from the first of the month subsequent to the date of enrollment.

Signature of Postmaster with Seal

Broad Terms & Conditions of Pradhan Mantri Suraksha Bima Yojana

The scheme will be a one year cover, renewable from year to year, Accident Insurance Scheme offering accidental death and disability cover for death or disability on account of an accident. The scheme would be offered / administered through Public Sector General Insurance Companies (PSGICs) and other General Insurance companies willing to offer the product on similar terms with necessary approvals and tie up with Post offices for this purpose. Participating Post offices will be free to engage any such insurance company for implementing the scheme for their subscribers.

Scope of coverage: All Post office savings account holders in the age 18 to 70 years in participating Post offices will be entitled to join. In case of multiple saving Post office accounts held by an individual in one or different Post offices, the person would be eligible to join the scheme through one Post office Savings Account only. Aadhar would be the primary KYC for the Post office Savings account.

Enrollment Modality / Period: The cover shall be for the one year period stretching from 1st June to 31st May for which option to join / pay by auto-debit from the designated Post office Savings Account on the prescribed forms will be required to be given by 31st May of every year, extendable up to 31st August 2015 in the initial year. Initially on launch, the period for joining may be extended by Govt. of India for another three months, i.e. up to 30th of November, 2015. Joining subsequently on payment of full annual premium may be possible on specified terms. However, applicants may give an indefinite / longer option for enrolment / auto-debit, subject to continuation of the scheme with terms as may be revised on the basis of past experience. Individuals who exit the scheme at any point may re-join the scheme in future years through the above modality. New entrants into the eligible category from year to year or currently eligible individuals who did not join earlier shall be able to join in future years while the scheme is continuing.

Benefits: As per the following table:

Table of Benefits		Sum Insured
a.	Death	Rs. 2 Lakh
b.	Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot	Rs. 2 Lakh
c.	Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	Rs. 1 Lakh

Premium: Rs.12/- per annum per member. The premium will be deducted from the account holder's Post office Savings Account through 'auto debit' facility in one installment on or before 1st June of each annual coverage period under the scheme. However, in cases where auto debit takes place after 1st June, the cover shall commence from the first day of the month following the auto debit.

The premium would be reviewed based on annual claims experience. However, barring unforeseen adverse outcomes of extreme nature, efforts would be made to ensure that there is no upward revision of premium in the first three years.

Eligibility Conditions:

The Post office savings account holders of the participating Post offices aged between 18 years (completed) and 70 years (age nearer birthday) who give their consent to join / enable auto-debit, as per the above modality, will be enrolled into the scheme.

Master Policy Holder: Participating Post office will be the Master policy holder on behalf of the participating subscribers. A simple and subscriber friendly administration & claim settlement process shall be finalized by the respective general insurance company in consultation with the participating Post offices.

Termination of Cover: The accident cover for the member shall terminate on any of the following events and no benefit will be payable there under:

- 1) On attaining age 70 years (age nearest birth day).
- 2) Closure of account with the Post office or insufficiency of balance to keep the insurance in force.
- 3) In case a member is covered through more than one account and premium is received by the Insurance Company inadvertently, insurance cover will be restricted to one only and the premium shall be liable to be forfeited.
- 4) If the insurance cover is ceased due to any technical reasons such as insufficient balance on due date or due to any administrative issues, the same can be reinstated on receipt of full annual premium, subject to conditions that may be laid down. During this period, the risk cover will be suspended and reinstatement of risk cover will be at the sole discretion of Insurance Company.
- 5) Participating Post offices will deduct the premium amount in the same month when the auto debit option is given, preferably in May of every year, and remit the amount due to the Insurance Company in that month itself.

Administration:

The scheme, subject to the above, will be administered as per the standard procedure stipulated by the Insurance Company. The data flow process and data proforma will be provided separately.

It will be the responsibility of the participating Post office to recover the appropriate annual premium from the account holders within the prescribed period through 'auto-debit' process.

Enrollment form / Auto-debit authorization in the prescribed proforma shall be obtained and retained by the participating Post office. In case of claim, the Insurance Company may seek submission of the same. Insurance Company reserves the right to call for these documents at any point of time.

The acknowledgement slip may be made into an acknowledgement slip-cum-certificate of insurance.

The experience of the scheme will be monitored on yearly basis for re-calibration etc., as may be necessary.

The proposed date of commencement of the scheme will be 1st June 2015. The next Annual renewal date shall be each successive 1st of June in subsequent years.

The scheme is liable to be discontinued prior to commencement of a new future renewal date if circumstances so require.

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 25th May and not later than 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 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)			
*Post office Savings Account No. and CIF ID	*A/C No.- *CIF ID- (For Joint Account)	Aadhar Number, if available	
*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

To, _____
The Postmaster, _____ BO/SO/HQ under _____ SO/HQ _____

Dear Sir/Madam,

I hereby request that an APY account be opened in my name under National Pension System (NPS) as per the particulars given below:

* Indicates mandatory fields. Please fill the form in English and BLOCK letters

1. POST OFFICE DETAILS:

[illegible]

2. PERSONAL DETAILS:

Name of Applicant	Shri		Smt.		Kumari																												
Full Name																																	
Date of Birth*	d	d	/	m	m	/	y	y	y	y	Age		Mobile No																				
Email ID														Aadhaar no																			
Married	Yes		No		If married , spouse name is mandatory. Spouse will be the default nominee under APY.																												
Name of Spouse														Aadhaar no																			
Nominee's Name*														Aadhaar no																			
Nominee's Relationship with the subscriber																																	
Additional Details in case nominee is a Minor																																	
Date of Birth*	d	d	/	m	m	/	y	y	y	y																							
Guardian's Name*																																	
Whether beneficiary of other statutory social security schemes										Yes		No																					
Whether Income Tax Payer										Yes		No																					

3. PENSION DETAILS

Pension Amount (Please tick(v)) *	1000	2000	3000	4000	5000
Contribution Amount (Monthly in Rs.) (To be filled by the Post office)	<p>I hereby authorize the Post office to debit my above mentioned Post office account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amount selected by me. If the transaction is delayed or not effected at all for insufficient balance, I would not hold the Post office responsible. I also undertake to deposit the additional amount together with penalty thereon.</p>				

Declaration & Authorization by all subscribers

I meet the prescribed eligibility criteria for assistance under APY and I have read and understood the terms and conditions of the Scheme. I hereby agree to the same and declare that the information furnished by me is true and correct, to the best of my knowledge and belief. I undertake to immediately inform the Post office of any change in the above information furnished by me. I understand that I shall be fully liable for submission of any false or incorrect information or documents. I have read/been explained and have understood the APY guidelines. I further agree to be bound by the terms and conditions of provision of services under the scheme as approved by PFRDA/Govt. of India.

Date	d	d	m	m	y	y	y	y	Signature/Thumb Impression* of Subscriber (* LTI in case of male and RTI in case of female)
Place									

ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY)
(To be filled by the Post office)

Name of the Subscriber:													
PRAN Number													
Guaranteed Pension Amount													
Periodicity of Contribution		Monthly											
Monthly Contribution Amount under APY (in Rs.)													
Name of the Post office								Signature of the Postmaster with office stamp					
BO/SO/HO													
Receiving Officer's Name:													
Date of Receipt of Application:													