

Annex I: Kumari Pariwar Surakshya Bachat Khata

Branch		Date: D D M N	AYYYYY
Account Holder Name: Mr. Mrs. Ms. Minor			
Identification Details:			
Correspondence Address:	Email	Address:	
Telephone Number:	Mobile Num	ıber:	
Marital Status: [Married Unmarried] (Account holder is required to update the bank in case of change in marital status or addition of new member in the family to claim for the added member.)			
Insured Family Member Details:			
S. No. Relation	Full Name	Citizenship No.	Date of Birth
1 Spouse			
2 Son/Daughter 1 3 Son/Daughter 2			
Note: Please use the Birth Certificate details in the case of minor			
Declaration:			
Health Condition:			
I have been diagnosed with any of the following medical co	nditions until date:		
 Cancer First Heart Attack Open Chest CABG Stroke Resulting in Permanent Symptoms Permanent Paralysis of Limbs Kidney Failure Major Organ / Bone Marrow Transplant Multiple Sclerosis Open Heart Replacement or Repair of Hear Benign Brain Tumor 	Yes Yes	No No No No No No No No	
Please mention, if you or any person in your family to be cover	ed under this insurance scheme have s	suffered from any illess in the past:	
The insured is under medical treatment during time of agreement?			
Do you have any other medical insurance coverage? If Yes, Name of the Insurance Company	☐ Yes	s □ No	

Declaration:

- I/ we have already read and understood all the account operation and insurance coverage rules and regulations detailed in scheme and reiterate my/our consent to comply with such rules and regulations.
- · I also agree to update the bank about the change in my marital, family, and professional status to cover for the insurance of the added member.
- I shall accept termination or discontinuation of the scheme under special conditions. I understand that the bank shall not be held liable to cover for the claim in case of discontinuation or termination of the contract with the bank.
- All the information furnished above and documents submitted in respect thereof are true and correct. I/we assume full responsibility for any consequences
 arising out of false declaration.