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**(TERMS & CONDITIONS ACCEPTANCE FORM)**

I \_\_\_\_\_ (name of account holder) hereby declare that I \_\_\_\_\_ (name of account holder) accept all the terms and conditions laid down by the insurance company for availing the insurance benefit of below mentioned insurance policies associated with "**Siddhartha Jeevan Surakshya Bachat Khata (SVJS)**". I am obliged to accept/follow all the terms and conditions as well as necessary procedures prescribed by the insurance company for lodging the claim against each policy.

**Policies Offered**

1. Accidental Death or Permanent Total Disability
2. Critical Illness
3. Medical Insurance

Signature of Account Holder :

Name :

Address :

A/C Number :

Date :