

Central Insurance Repository Limited.

e-Insurance Account (eIA) Service Request Form

Please fill the form in Black ink and in CAPITAL letters only.

elA Applicant Details										
elA No.								Date d d	m m y y y y	
Title*		Mr.	Ms.	Dr.	O1	thers		Please Specif	у	
First Name*										
Middle Name										
Last Name										
Change in Contact No.										
Telephone							Mobile			
Change in Email ID										
Email ID										
Change in Name										
Title*		Mr.	Ms.	Dr.	Ot	thers		Please Specif	У	
First Name*										
Middle Name										
Last Name										
Document Submitted										
Change in Address			Perma	nent Addr	ress		Correspon	ndence Address		
City							State			
Landmark								PIN Code		
Country										
Document Submitted										
Change in Date of Birt	th									
Date of Birth	d	d	m m	у у у	D	ocument Sub	mitted			
Acknowledgement Slip										
						elA No.				
This is to acknowledge the receipt of application from Mr. / Mrs for change in										
Contact Details		Email I	D		Name	9	A	ddress		
Bank Details		Author	rised Repres	entative	Date	of birth			AP Seal &	
Document Submitted									Signature	
Place				Date	d	m m	у у у	У		

Bank Details					
Account Type*	Savings C	Current	ECS / Origina	l Cancelled Cheque Leaf gi	ven* Yes No
Account Number*					
Bank Name*					
Branch Name*					
City Name*					Pin Code*
MICR Code				IFSC Code	
(Compulsory in case of E0	CS)			(Compulsory in	case of NEFT)
Change in Authorised	l representative	е			
Relationship with Proposer					
Full Name					
Gender	Male	Fe	male	Dat	te of birth d d m m y y y
Address					
City				State	
Landmark					PIN Code
Country					
Phone No.				Mobile No.	
Email ID					
Place					Name of the elA Holder
Place					
Date d d m m	у у у у				Signature of the elA Holder
For any queries, ple	ease contact			Approved I	Person Details
- 11 - 12 - 22 - 22 - 23 - 23 - 23 - 23 -	•••			Name	of the AP
Toll Free No. 1800	tact Details of AP				
cirlhelpdesk@cdslin	ndia com				
cirineipuesk@cusiiii	iuia.com				
www.cirl.co.in					