KARVYI	INSURANCE REPOSITORY

e-Insurance Service Request Form For Individuals

e-IA Number									
Name									
Original / Attested	True Copies	Verified	Accepted	Rejected	Date	D D	M M Y	(Y)	Y Y
Change in Ad	dress	Correspon	dence	Permanent					
Address Line 1 *									
Address Line 2									
Address Line 3									
Landmark									
City *									
Pin Code *		Sta	ate *		Countr	ry *			
	Permaner	nt Address s	ame as Corre	spondence Addre	ess				
Change in Ba	nk Details								
Account No. *					А/с Тур	ре	Savings	C	Current
Bank Name *									
Branch Name									
City *									
MICR Code			IF	SC Code					
	Cancelled	Cheque Att	ached *	MICF	Code & IFSC C	Code are o	compulsory for	ECS & NE	FT
Appointment	/ Change in .	Authorised	Representat	ive Do not s	end commur	nication	to Authorise	ed Repre	esentative
First Name *									
Middle Name									
Last Name									
Gender *	Male	Female	Others	Date of	Birth * D				
PAN No.				UID No.					
Relationship									
Address Details			Same	as e-IA applicant:	Perman	ent	Correspon	dence	
Address Line 1 *									
Address Line 2									
Address Line 3									
Landmark									
City *									
Pin Code *		Sta	ate *		Countr	ry *			
Contact Details									
Landline No.				Mobile No. *					
Email ID *									
Place									
Date				Signature					
Acknowledge e-IA No.	ement								
Received from Mr.	/ Ms.					_			
for change in									
Contact Addre	ss Bar	nk Details	Authorise	ed Representative					
Place		_							
Date									
								IR	AP Seal & Signature