

e-Insurance Account (eIA)- Service Request



Please fill the form in Black ink and in CAPITAL letters only. Fields marked with asterisk (*) are compulsory

For Office Use Only

eIA No.

Name

Original/Attested True copies verified OK Not OK Date

Change in Address Correspondence Address Permanent Address

Landmark State*

City* PIN Code*

Country*

Permanent Address same as Correspondence Address

Change in Bank Details

Account Type* Savings A/c Current A/c

Account No.*

Bank Name*

Branch Name

Branch City* IFSC Code

MICR Code (11 character code appearing on your cheque leaf)

Original Cancelled cheque Leaf given Yes No

Change in Authorized Representative

First Name *

Middle Name

Last Name *

Gender* Male Female Others Date of Birth*

Address* Same as Correspondence Address of eIA Applicant

Correspondence Address*

Address*

Landmark State*

City* PIN Code*

Country*

Relationship with Applicant*

Contact Details Phone No. Mobile No.*

Email ID*

Alternate Email ID

Place

Date Signature

Acknowledgement Slip

eIA No.

This is to acknowledge the receipt of application from Mr. / Ms. _____ for change in

Contact Address Change in Bank Details Change in Authorised Representative

Place

AP Seal & Signature

Date