

e Insurance Account Opening Form - Individual



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

Fields marked with asterisk (*) are mandatory.

For Office Use Only

Direct Insurer

Insurer Name

Application No.

NB Application No.

Original/Attested True copies verified OK Not OK

Remarks

Personal details of Applicant

Account Type Resident Indian Non - Resident Indian#

First Name *

Middle Name

Last Name *

Father's / Husband's Name *

PAN No.* UID/Addhar No.

ID Proof *(any one) Pan Card UID/Aadhar Card

Gender* Male Female Others Date of Birth*

Age Proof Type*

Please paste your recent color passport size photo here

Correspondence Address*

Landmark State*

City* PIN Code*

Country*

Address Proof Doc Submitted*

Permanent Address Same as above Address

Landmark State*

City* PIN Code*

Country*

Contact Details Phone No. Mobile No.*

Email ID*

Alternate Email ID

Address Proof Doc Submitted*

- Note:**
- ID proof & Address proof to be produced in original along with the e IA application form for verification.
 - Self attested photocopies of ID proof, Address proof and Age proof to be submitted along with e IA application form.
 - Some Valid Address proofs are 1. Voter ID 2. Ration Card 3. Driving License 4. Passport 5. UID/Aadhar Card. For list of other valid address proof documents you may please visit our website www.camsrepository.com or call customer care 1800 200 7737.
 - # NRI should provide his/her Indian address under correspondence address. Overseas address under permanent address.

Acknowledgement Slip

Application No.

PAN UID

Received with thanks from

for opening of e Insurance Account (individual)

Place

Date

For Office Use Only

CAMsRep AP Seal & Signature

Particulars of Bank Details of Applicant

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

Particulars of Authorized Representative**

First Name *

Middle Name

Last Name*

Gender* Male Female Others Date of Birth* / /

Address* Same as Correspondence Address of eIA Applicant

Landmark State*

City* PIN Code*

Country*

Relationship with Applicant*

Contact Details Phone No. S T D N U M B E R Mobile No.*

Email ID*

Alternate Email ID

Do you want to notify Authorized Representative about his/her appointment ? Yes No

Declaration:

The Rules and Regulations of IRDA & CAMS Repository Services pertaining to an e IA which are in force now have been read by me and I have understood the same and I agree to abide by and to be bound by the rules as are in force from time to time for such e Insurance Account (e IA). I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I authorize Insurance Repository to send any policy and account related information through email and SMS on the contact details given by me. In case of any physical policies being issued by the insurance company from whom I obtain e policy, the address in the e IA account shall override the address provided for the physical policies, I understand that all the communication relating to any physical/ e policy will be sent to the address registered with Insurance Repository. I further agree that any false/misleading information given by me or suppression of any material fact will render my e IA liable for termination and further action.

I hereby authorize CAMS Repository Services Ltd./the Insurance Company to disclose, share, remit in any form, mode or manner, all/any of the information provided by me to the respective Insurance Companies and /or to their authorized agents and representatives in which I may transact/have transacted including all changes, updates to such information as and when provided by me. I hereby agree to provide any additional information/documentation that may be required by the Authorized Parties, in connection with this application. I do not hold any e Insurance Account nor have I applied for one either with CAMSRRep or any other repository.

I would like to receive my Insurance policy and all the information related to the proposed insurance policy through CAMS Repository Services.

Date / /

Place

Signature

**Authorized Representative is the person who can operate the Account in the event of demise of the policyholder or in his/her incapacity to operate the e Insurance Account.