e-Insurance Account Opening Form - Individual



Please fill the form in Black ink and in CAPITAL letters only. Fields marked with asterisk(*) are mandatory Insurer Name Direct Others For Office Application No. NB Application No. Use Only If 'Others' Specify Code No. 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) UID/Aadhaar Card Date of Birth * Female Others Gender * Male Correspondence Address * Landmark State City * PIN Code Country * **Contact Details** Phone No Email ID * Alternate Email ID Address Proof Doc Submitted Same as above Address Permanent Address Landmark State PIN Code City * Country *

Declaration:

Address Proof Doc Submitted *

The Rules and regulations of IRDA & Insurance Repository (IR) pertaining to an elA 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 (ela). 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 elA 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 elA liable for termination and further action.

I hereby authorize Insurance Repository/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 or not applied for an elA account pending for processing with any repository.

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

Date	DD MM/YYYY	Signature	
Place			

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 care1800 200 7737.
- # NRI should provide his/her Indian address under correspondence address. Overseas address under permanent address.



Additional Details - OPTIONAL

You have the option to provide the following details either now or by logging onto www.camsrepository.com after your e Insurance Account is activated.

Particulars of	Bank Detail	s of App	plicant										
Account Type	Saving	s A/c	Current	: A/c									
Account No.													
Bank Name													
Branch Name													
Bank City													
MICR Code												(11 character code appearing on your cheque leaf)	
												IFSC Code	
Note: Original Cance MICR Code,IFSC Code			tested latest b	ank statement (or) self at	tested c	opy of	bank pa	assbo	ok con	tainin	ng Name,	
Particulars of	Authorized	Repres	entative *	k									
First Name													
Middle Name													
Last Name													
Gender	Male		Female	Other	s D	ate of	Birth			/		/	
Address	Same	as Corre	espondence	Address of e	IA Appli	icant							
Correspondence Address													
Landmark									C ₁	ate			
City]			PIN Code	
Country													
Relationship wit	h Applicant												
Contact Details	Phone No.							Mobil	e No	o.			
Email ID													
				Alternate	Email II	D							
Do you want to	notify Authori	ized Rep	resentative	his/her appo	intmen	nt?			Yes			No	
												nich has been opened/under process.	
I further confirm tha	t i would continu	e to abide	by the declarat	ions given in the	e applicat	ion for o	pening	the e i	nsura	ince Ad	count	it.	
Date D	D / M M	/ Y Y	YY										
Place						Signa	ture						
**Authorized Represe e Insurance Account.		rson who c	an operate the	Account in the o	event of d	lemise of	f the p	olicyhol	der d	r in hi	s/her	incapacity to operate the	



Acknowledgement Slip							
Application No.							
PAN UID		For Office					
Received with thanks from							
for opening of e Insurance Acc	count (individual)						
Place —————	Date DD / MM / YYY	CAMSRep/CAMSRep AP/Insurer Seal & Signature					
Contact Us	Phone: 1800 200 7737	Website: www.camsrepository.com					

Benefits of e Insurance Account

.FREE of cost to policy holder.Safe & convenient.Ease of maintenance.
.on time KYC: No KYC repetition when you buy a new policy.
.Access & monitoring of e-policies, value added services-www.camsrepository



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