

e – INSURANCE ACCOUNT FORM (For Individuals) (Clause 60(b))

Insurance Repository	<input type="checkbox"/> NIR	<input type="checkbox"/> CIRL	<input type="checkbox"/> SHCIL	<input type="checkbox"/> KIRL	<input type="checkbox"/> CRSL	Paste your recent colour photo (Not mandatory) Sign here				
Type of eIA	<input type="checkbox"/> Minimum Services	<input type="checkbox"/> Basic Services	<input type="checkbox"/> Premium Services							
Application No.	[Grid]									
Insurance Co	[Text]									
AP Code	Employee [Text]									
PAN Number *	[Grid]									
UID Number *	[Grid]									
Mobile No. *	[Grid]									
Date of Birth *	D	D	M	M	Y		Y	Y	Y	DOB Proof *
ID Proof *	[Text]									
Email *	[Text]									

(Please fill this form in ENGLISH and in BLOCK LETTERS. Fields marked with asterisk (*) are compulsory)

Applicant Details

First Name *	[Grid]																			
Middle Name	[Grid]																			
Last Name	[Grid]																			
Gender *	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> NRI *															
Father / Spouse	[Grid]																			

Correspondence Address

Address Line 1 *	[Grid]																			
Address Line 2	[Grid]																			
Landmark	[Grid]																			
City *	[Grid]																			
Pin Code *	[Grid]	State *	[Text]	Country *	[Text]															
Address Proof *	[Text]																			

Policy Details for Electronic Conversion

Please find here with my Insurance Policy numbers under various Insurance Companies for conversion.

Insurance Company	Policy Number	
[Text]	[Grid]	[Grid]
[Text]	[Grid]	[Grid]
[Text]	[Grid]	[Grid]
[Text]	[Grid]	[Grid]
[Text]	[Grid]	[Grid]
[Text]	[Grid]	[Grid]

Name	[Text]	Signature	
Place	[Text]		
Date	D D M M Y Y Y Y		