



Electronic Insurance Account (EIA) Application Form

PLEASE FILL THE FORM IN BLOCK LETTERS

For New Policy

1) Please mention the proposal no. you want to opt under EIA

Proposal No.

*(In case of multiple proposals please mention other proposal numbers as well)

2) Do you have an EIA no.?. Yes No

If yes, Pls. share following details-

a) EIA Account No.

b) Repository Name: CIRL NDML SHCILIR Karvy CAMSRep

Incase, you don't have an e-Insurance account, please share the preferred insurance repository you would like to open your account along with electronic Insurance Account (EIA) opening form.

Repository Name: CIRL NDM SHCILIR Karvy CAMSRep

For Existing Policies

1) Do you wish to convert any of your existing policy(s) under Electronic Insurance, if yes please share the below details:

Name of the EIA of Policyholder	
EIA No	
PAN/ UID No	
Email ID	
Mobile No	

S.No	Policy No	Name of the Life Insured	S.No	Policy No	Name of the Life Insured
1			5		
2			6		
3			7		
4			8		

Incase, you don't have an e-Insurance account, please share the preferred insurance repository you would like to open your account along with electronic Insurance Account (eIA) opening form.

Repository Name : CIRL NDML SHCILIR Karvy CAMSRep

Date(DD/MM/YY):.....

Place:.....

Signature of the Policyholder

Declaration: a) I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository.

b) Policy document held by you in the physical form will stand null and void.

c) You will receive communication from the respective insurance repository on successful opening of EIA and credit of policy into your account.

Acknowledgement Slip - For conversion of existing policies into e-policies

Received with thanks from Mr/ Ms: _____

EIA No: _____ PAN/ UID No: _____

Policy/Policies No: _____

Place _____ Date:

Max Life Co. Ltd.

Seal & Signature