eIA

Central Insurance Repository Limited.

e-Insurance Account (eIA) Opening Form (For Individuals Only)

(For office use only)

eIA No.: | | | | | | | | | | Approved Person ID:

Date of Receipt of Application: d d m m y y y y Application No.:

AP / Insurance Company:

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

eIA Applicant Details

1. First Name*
2. Middle Name
3. Last Name
4. Father's/Husband's Name
5. Gender* Male Female Others Date of Birth* d d m m y y y y
6. DOB Document Submitted* #/
7. ID Proof Submitted* #/

PAN* &/or UID

8. Type of eIA* Ordinary Resident NRI

Please affix recent passport size colour photograph

Signature

Permanent Address

1. Address Line 1*
2. Address Line 2
3. Address Line 3
4. Landmark
5. City*
6. Pincode* 7. State* 8. Country*
9. Address Proof Submitted* #/

Correspondence Address Same as above Y N

1. Address Line 1*
2. Address Line 2
3. Address Line 3
4. Landmark
5. City*
6. Pincode* 7. State* 8. Country*
9. Address Proof Submitted* #/

Contact Details

1. Telephone No. 2. Alt. Tel. No.
3. Mobile No.* 4. Fax No.
5. E-mail ID*
6. Alternate E-mail ID

(#) Please mention the document code. List of documents and their respective codes is provided in the Annexure / CIRL website.

Acknowledgment Slip

Application No.

PAN UID

Received with thanks from _____ For opening of e Insurance Account (Individual)

Place _____ Date d d m m y y y y

For office use only

AP Seal and Signature

• Toll Free No. 1800 200 5533 • Website: www.cirl.co.in