



Central Insurance Repository Limited. e-Insurance Account (eIA) Opening Form (For Individuals Only)

		(For off	ice use only)		
elA No.:			Approved Person ID:		
Date of Receipt of Applicatio	n: d d m m	у у у у	Application No.:		
AP / Insurance Company:					
Please fill this form in EN	GLISH and in BLOCK	LETTERS		Fields marked with a	sterisk (*) are compulso
elA Applicant Details					()
1. First Name*					
2. Middle Name					
3. Last Name					Please affix
4. Father's/Husband's Name					recent passport
5. Gender* Male	Female	Others D	ate of Birth* d d m	m y y y y	size colour photograph
6. DOB Document Submitted*	#/				
7. ID Proof Submitted*					
7. ID 11001 Submitted	#/				
PAN*		&/or UID			Signature
8. Type of eIA* Ordinary	Resident NRI				
Permanent Address					
1. Address Line 1*					
2. Address Line 2					
3. Address Line 3					
4. Landmark					
5. City*					
6. Pincode*			7. State*	8. Count	ry*
9. Address Proof Submitted*	#/				
Correspondence Addre	ss 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. Count	ry*
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 docum	ent code. List of docun	ents and their respe	ctive codes is provided in th	e Annexure / CIRL webs	ite.
		Acknowl	edgment Slip		
Application No.		- ACKITOVVI			
PAN UID	1 1 1 1				For office use only
				1	use only
			or opening of a Insurance A	ccount (Individual)	ase only
Received with thanks from	Date d		l or opening of e Insurance A y y y y	ccount (Individual)	AP Seal and Signature