



# CDSL Insurance Repository Limited

CIN: U74120MH2011PLC219665

## CDSL IR eInsurance Account (eIA) Opening Form (For Individuals Only)

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

Type of eIA	<input type="checkbox"/> Minimum Services (Free)	<input type="checkbox"/> Basic Services (Free)	<input type="checkbox"/> Premium Services (Chargeable )	Paste your recent colour photo
Application No.	<input type="text"/>			
AP/Insurance Co	<input type="text"/>			
AP/Insurance Code	<input type="text"/>	Employee	<input type="text"/>	
PAN Number* or	<input type="text"/>			
UID Number*	<input type="text"/>			
Mobile No.*	<input type="text"/>			Sign here
Date of Birth*	<input type="text"/>	DOB Proof*		
ID Proof*	<input type="text"/>			
Email*	<input type="text"/>			

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

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

Correspondence Address

Address Line1*	<input type="text"/>
Address Line2	<input type="text"/>
Address Line3	<input type="text"/>
Landmark	<input type="text"/>
City*	<input type="text"/>
Pin Code*	<input type="text"/>
State*	<input type="text"/>
Country*	<input type="text"/>
Address Proof*	<input type="text"/>

Policy Details for Electronic Conversion

Please find here with my Insurance Policy numbers under various Insurance Companies for conversion. I authorize you to convert these as well as any other policies held /to be held by me from any Insurance Company.

Sr. no.	Insurance company name 1	Insurance company name 2	Insurance company name 4	Insurance company name 5
1	Policy Number	Policy Number	Policy Number	Policy Number
2	Policy Number	Policy Number	Policy Number	Policy Number
3	Policy Number	Policy Number	Policy Number	Policy Number
4	Policy Number	Policy Number	Policy Number	Policy Number
5	Policy Number	Policy Number	Policy Number	Policy Number

I have read and understood the prevailing rules and regulations of IRDAI and CDSL IR pertaining to an e-Insurance Account and I agree to abide by and to be bound by them. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief and that the documents submitted along with this application are genuine. I authorize CDSL IR to send any policy and account related information through email and SMS on the contact details given by me. I understand that all the communication relating to any physical/ e-policy will be sent to the address registered with CDSL IR. I agree to inform CDSL IR of any changes in the details mentioned in this form and in case of delay in informing CDSL IR shall not be liable in case it acts on the said information which has not been updated. Further, in case I update the details with the Insurance Company, I authorize them to submit the same to you for update in the e-Insurance account and the said update will be applicable to all policies of any Insurer that I hold/will hold in the said account. I authorize CDSL IR to pass on the information to any insurance co that I have approached for availing of Insurance cover.

I further agree that any false/ misleading information given by me or suppression of any material fact will render my e-Insurance Account liable for termination and further action.

I hereby confirm that this is my first and the only application for an e-Insurance Account.

I would like to receive my insurance policy and all the information related to the proposed insurance policy through CDSL IR.

Name of the eIA Holder

Signature of the eIA Holder

Place \_\_\_\_\_ Date