

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

Annexure - 11

KARVY Insurance Repository Limited

**KARVY** INSURANCE REPOSITORYType of eIA ☐ Minimum Services ☐ Basic Services ☐ Premium Services

Application No.

Insurance Co

AP Code

Employee

PAN Number \*

UID Number \*

Mobile No. \*

Date of Birth \*

D D M M Y Y Y Y

DOB Proof

ID Proof \*

Email \*

Paste your recent  
colour photo (Not mandatory)

Sign here

## Applicant Details

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

First Name \*

Middle Name

Last Name

Gender \*

☐ Male☐ Female☐ Others☐ Resident Indian☐ NRI

Father / Spouse

Facebook ID

Twitter ID

Google+ ID

Skype ID

## Correspondence Address

Address Line 1 \*

Address Line 2

Landmark

City \*

Pin Code \*

State \*

Country \*

Address Proof \*

## Bank Details

Account No. \*

A/c Type

☐ Savings☐ Current

Bank Name \*

Branch Name

City \*

IFSC Code

MICR Code

☐ Cancelled Cheque Attached \*

MICR Code &amp; IFSC Code are compulsory for ECS &amp; NEFT

## Authorised Representative Details

|              |                               |                                 |                                 |                 |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |  |
|--------------|-------------------------------|---------------------------------|---------------------------------|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| 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 | Date of Birth * | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |  |
| PAN No.      | <input type="text"/>          |                                 |                                 |                 |                      |                      |                      |                      |                      |                      | UID No.              | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |  |
| Relationship | <input type="text"/>          |                                 |                                 |                 |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |  |

## Address for Correspondence

|                  |                      |  |  |  |  |         |                      |  |  |  |  |           |                      |  |  |  |  |  |  |  |
|------------------|----------------------|--|--|--|--|---------|----------------------|--|--|--|--|-----------|----------------------|--|--|--|--|--|--|--|
| Address Line 1 * | <input type="text"/> |  |  |  |  |         |                      |  |  |  |  |           |                      |  |  |  |  |  |  |  |
| Address Line 2   | <input type="text"/> |  |  |  |  |         |                      |  |  |  |  |           |                      |  |  |  |  |  |  |  |
| Address Line 3   | <input type="text"/> |  |  |  |  |         |                      |  |  |  |  |           |                      |  |  |  |  |  |  |  |
| Landmark         | <input type="text"/> |  |  |  |  |         |                      |  |  |  |  |           |                      |  |  |  |  |  |  |  |
| City *           | <input type="text"/> |  |  |  |  |         |                      |  |  |  |  |           |                      |  |  |  |  |  |  |  |
| Pin Code *       | <input type="text"/> |  |  |  |  | State * | <input type="text"/> |  |  |  |  | Country * | <input type="text"/> |  |  |  |  |  |  |  |

## Policy Details for Electronic Conversion

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

| Insurance Company    | Policy Number        |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Declaration

The rules and regulations of Insurance Regulatory and Development Authority of India & Karvy Insurance Repository Limited (KINREP) pertaining to an e-Insurance Account which are in force now have been read by me and I have understood the same and I agree to abide by and to be bound by the rules as are in force from time to time for such e-Insurance Account. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I authorise KINREP to send any policy and account related information through email and SMS on the contact details given by me. In case of any physical policies being issued by the Insurance Company from whom I obtain an e-policy, the address in the e-Insurance Account shall override the address provided for the physical policies. I understand that all the communication relating to any physical/ e-policy will be sent to the address registered with KINREP. 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 authorise KINREP / Insurance Company to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the respective Insurance Companies and / or to their authorised agents and representatives in which I may transact / have transacted including all changes, updates to such information as and when provided by me. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application. I hereby confirm that this is a unique e-Insurance Account opening application and I have not applied with either KINREP or any other Insurance Repository for an e-Insurance Account in the past. I authorize KINREP and their associates to call me on the mobile/ landline numbers provided herewith for any announcements and notifications. I authorize KINREP to link account of various financial investments that I may be holding at present or in future across various financial products being supported or serviced by KARVY for the purpose of enabling a cross platform portfolio view for me. I have visited <https://www.kinrep.com> to see the list of the insurance companies signed with KINREP for the purpose of opening an e-insurance account. I would like to receive my insurance policy and all the information related to the proposed insurance policy through KINREP.

|       |                      |
|-------|----------------------|
| Name  | <input type="text"/> |
| Place | <input type="text"/> |
| Date  | <input type="text"/> |

Signature