eIA 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 | ☐ Minimum Services (Free) ☐ Basic Services (Free) ☐ Premium Services (Chargeable) |

Application No.

AP/Insurance Co

AP/Insurance Code _____ Employee _____

PAN Number* or

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

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   Status*   ☐ Resident Indian   ☐ NRI

Father / Spouse Name

Correspondence Address

Address Line1*

Address Line2

Address Line3

Landmark

City*

Pin Code* _____ State* _____ Country* _____

Address Proof*

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

Place _____ Date _____

Name of the eIA Holder

Signature of the eIA Holder