

Date

e - INSURANCE ACCOUNT FORM

(For Individuals) (Clause 60(b))

Insurance Repository	□ NIR □ CIRL □ KIRL □ CRSL
Type of EIA	☐ Minimum Services ☐ Basic Services ☐ Premium Services
Application No.	
Insurance Co	
AP Code	Employee
PAN Number*	
UID Number*	9.0
Mobile No.*	Paste your recent colour photo (Not mandatory)
Date of Birth*	DDMMYYYY
ID Proof *	
Email	
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	
Correspondence Address	
Address Line 1*	
Address Line 2	
Landmark	
City*	
Pin Code*	State* Country*
Address Proof*	
Policy Details for Electronic Co	onversion
Please find here with my Insur-	ance Policy numbers under various Insurance Companies for conversion.
Insurance Company	Policy Number
Name	Signature
Place	