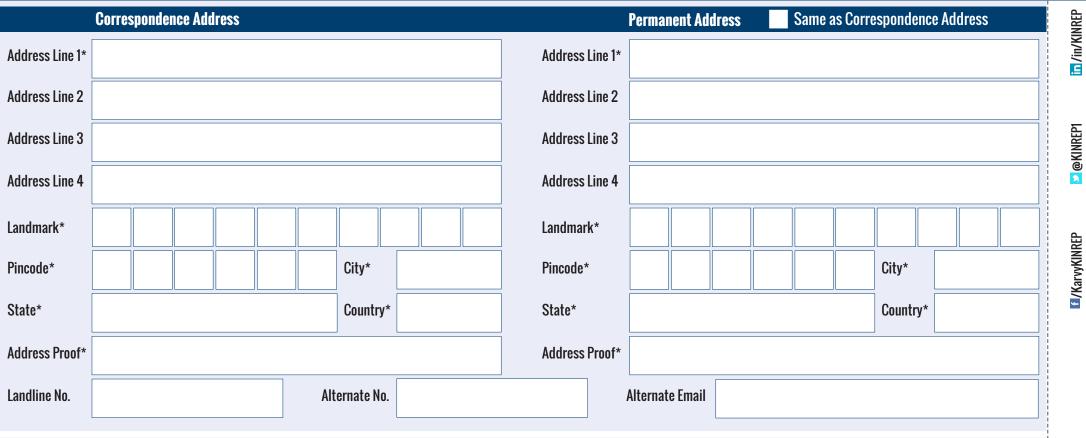
									e-Insurance Account (eIA) Opening Form (Only for Individuals)									1	Space for Co-Brands					
Application Number Approved Person Code								Reference No. Employee ID											Put Stamp here					IR AP Seal & Signature
	(Please fill this form in English BLOCK LETTERS. Fields marked with asterisk [*] are compulsory)																al)							
PAN Number*																		Г						Received from for opening of eIA (Individual)
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First Name*																								
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<ul> <li>The application form should be c</li> <li>The fields marked in asterisk (*)</li> <li># NRI should provide his/her Indi</li> <li>Email will be your USER ID, Please</li> </ul>	are mandai an address	tory. s under corre			overseas ad	dress under	permanent a	ddress.				<ul> <li>Copie</li> <li>Origir</li> </ul>	s of all the d	ocuments si is to be carr	ubmitted by ied along wi		t should be	self-attested	oening an elA I and accomp		iginals for ve	rification.		ACKNOWLEDGEMENT SUP

## The application form should be completed in ENGLISH and in BLOCK LETTERS. The fields marked in asterisk (\*) are mandatory.

- # NRI should provide his/her Indian address under correspondence address and overseas address under permanent address.
   Email will be your USER ID, Please fill it legible and clear



## Declaration

The rules and regulations of Insurance Regulatory and Development Authority & 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 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 li like to receive my insurance policy and all the information related to the proposed insurance policy through KINREP.



## W. www.kinrep.com 52789 3 E. eVault@karvy.com **T**. 1800 +91 77020 00400 / 500 **M.** +91 96425 46737 | +91 77020 **S.** SMS KINREP to 92255 92255

Signature

## Valid Address Proofs List

Passport Aadhar Letter
 Voter ID card
 Driving License Ration Card Bank Passbook Electricity bills Residence Telephone bills (with in 6 months) Registered Lease/license agreement / Agreement for sale

Self declaration by High court and Supreme Court judges, giving new address in respect of their own accounts

Identity card/document with address, issued by

- Central/State government and its Departments Statutory/Regulatory Authorities
- Public Sector undertakings Scheduled commercial banks Public financial institutions
- Colleges affiliated to Universities; and Professional Bodies such as ICAI, ICWAI, Bar council etc.