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E-INSURANCE ACCOUNT FORM PAGE | 1

SECTION I:

- New e-IA Account Opening:** All fields are mandatory. Application No./Policy No. is mandatory for opening e-IA account
- Changes in e-IA Account:** Please do mention your E-Insurance Account Number (eIA). Please fill only those details where changes are required.

E Insurance Account No (eIA):

Applicant's Name (Mr/Ms/Dr):

Father's/Husband's Name:

INSURANCE REPOSITORY

Select Any One

- CAMS Rep Central Insurance Repository Ltd KARVY NSDL SHCIL Projects

eIA APPLICANT DETAILS

Date of Birth: DDMMYYYY Nationality: Indian NRI Gender: Male Female Others

Age Proof Submitted: ID Proof Submitted:

PAN No.:

Note: ID Proof to be produced in original along with the eIA application form for verification / Proof should be self attested.

PERMANENT ADDRESS

Flat/Plot No.: Building Name:

Road: Landmark:

City/District: State: Pin Code:

Tel. No.: Alternate No: Mobile:

Email ID:

- Self attested Address Proof submitted (original document has been provided for verification).
NRI should provide Indian address as correspondence address and overseas address under permanent address.

CORRESPONDENCE ADDRESS /CONTACT DETAILS

Same as Above Yes No

Flat/Plot No.: Building Name:

Road: Landmark:

City/District: State: Pin Code:

Tel. No.: Alternate No: Mobile:

Email ID:

- Self attested Address Proof submitted (original document has been provided for verification).
NRI should provide Indian address as correspondence address and overseas address under permanent address.

BANK ACCOUNT DETAILS

Same as Above Yes No

Type of Account Savings A/c Current A/c Bank A/C No.:

Bank Name:

Branch Name: City:

IFSC Code: MICR Code:

- Cancelled cheque with pre-printed name of the account holder / Self attested Bank Statement / Pass Book attested by bank submitted

Acknowledgement Slip

Application No./Policy No.:

PAN Card No.:

- Opening New eIA A/c Changes in e-IA Account Conversion of existing policies to e-policies

Place:

Date and Time: DDMMYYYY HH:MM

Signature & Stamp:

AUTHORIZED REPRESENTATIVE DETAILS

E Insurance Account No (eIA):

Application No.: Policy No.:

Applicant's Name: (Mr/Mrs/Ms/Dr)

Relationship with eIA Applicant:

Date of Birth: DD MM YY YY YY YY Gender: Male Female Others

PAN No.:

ADDRESS OF AUTHORIZED REPRESENTATIVE

Flat/Plot No.: Building Name:

Road: Landmark:

City/District: State: Pin Code:

Tel. No.: Alternate No.: Mobile:

Email ID:

Do you want to notify Authorised Representative about his/her appointment? Yes No (If none of the option is selected, it will be considered as YES)

SECTION II: CONVERSION OF POLICY

CONVERSION OF EXISTING POLICIES TO E-POLICIES

Select Any One

I request you to convert my below mentioned policies to e-policies with the selected Insurance Repository

CAMS Rep Central Insurance Repository Ltd KARVY NSDL SHCIL Projects

E Insurance Account No (eIA):

eIA Applicant Details

| Sr. No. | SUD Life Policy No./Application No. | Name of the Insured |
|---------|-------------------------------------|---------------------|
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eIA APPLICANT'S DECLARATION

The rules and regulations of Insurance Regulatory and Development Authority & Insurance Repository pertaining to an e-Insurance which are now 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 A/c. 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 authorize the Insurance Repository 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 issued by SUD Life 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 the Insurance Repository, I agree to inform the Repository / SUD Life of any changes in the details mentioned in this form and in case of delay the said Repository/SUD Life 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 SUD Life, I authorize them to submit the same to the Insurance Repository for update in the e-Insurance Account and the said will be applicable to all policies of any insurer that I hold/will hold in the said account. I authorize the Repository to pass on the information to any Insurance Company 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 authorize the Insurance Repository / SUD Life 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 Authorized 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 Authorized parties, in connection with this application. I hereby confirm that this is a unique e-Insurance Account opening application and I have not applied to the same Insurance Repository or any other Insurance Repository for e-Insurance Account in the past. I would like to receive my insurance policy and all the information related to the policies through Insurance Repository.

Name of eIA holder:

Place:

Date and Time: DD MM YY YY HH MM Signature of eIA holder:

Important Notes:

- Opening of eIA & availing the services is free of cost.
- Individual can have only ONE eIA.
- Authorized Representative: Person appointed by eIA holder who can access eIA in the event of the eIA holder's demise or his incapacity to access the eIA. Authorized Representative can be different from the Nominee.

Registered Office: Star House, 3rd Floor (West Wing), C-5, G-Block, Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051.
Registraton No. 142. Corporate Office: Star Union Dai-ichi Life Insurance Company Limited, 11th Floor, Raghuleela Arcade, IT Park, Sector 30 A, Opp. Vashi Railway Station, Vashi, Navi Mumbai - 400 703.

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