Paste your recent color photo here







E-INSURANCE ACCOUNT FORM

PAGE | 1

IRDA REGN. NO. 142

			400																																														
SECTIO	N	l:																																															
New e-	ΙA	Acc	ou	nt (Ор	eni	ing	: Al	l fi	elc	ds a	ıre	m	an	da	tor	у.	Ар	pli	cat	ior	ı N	lo.,	/Pc	olicy	/ N	lo.is	s m	nar	nda	tor	y f	or	ор	en	ing	e-	ΙA	ac	СО	unt								
Change							_										-																										an	ge	s a	re r	req	uir	ed.
 E Insurance	Ac	cou	ınt	No	(el	IA):																																											
Applicant's N	Vai	me	(Mr	/Ms	s/D	r):						Ī			Ī																																		
Father's/Hus	sba	and's	s N	am	e:																																												
INSURA	N	CE	RI	ΞP	05	SIT	OF	RΥ																																		S	ele	ec	t A	ny	, O	ne	
CAMS F	Rep)				Ce	ent	ral	Ins	sur	and	е	Re	ро	si	ory	/ L	.td						K/	۱RV	Υ]	NS	DL	_] §	SH	CIL	. Pı	oje	ect	s					
elA APP	LI	CA	NT	ΓD	Εī	ΓΑΙ	LS	}																																									
Date of Birth	1:				D	D	M	N	1	Υ	Y	3	(Υ			١	lati	on	alit	y:			Ind	dia	ı			NI	RI	G	ier	nde	er:			М	ale	, [Fe	em	ale)] c)th	ers	i
Age Proof S	ub	mitt	ed:																					ID	Pr	00	f Su	ıbr	nitt	ed	: [
PAN No.:																											Adl	naa	ar N	No.	: [
Note: ID Pro	of	to Ł	e p	oro	duc	ced	in	ori	gin	al	alo	ng	W	ith	th	e e	ŀΑ	ар	ρl	ica	tio	n f	orn	n fo	or v	eri	fica	tic	n/	Pr	001	f si	hoi	uld	be	e se	elf a	atte	est	ed.									
PERMAI	NE	INT	Α	DE	R	ES	S																																										
Flat/Plot No.:	: [7	7				Π	7	7			1		В	lui	dir	ng	Na	ım	e:		1	T			ī	٦٢			Г	7			Т	٦٢							T	٦٢		Г		7		
Road:	F	ī	Ť	٦ï			ï	ī	Ti		ï	ī			1		_					La	ınd	ma	ırk:	Έ	٦ï	ī		Ϊ	Ť	╗		ï	Ĭ			Ϊ	ī		F	Ϊ	ī	ī	Г	汇	ī	٦ï	ī
City/District:	Ī	Ť	ī	٦Ì			Ī	Ť	Ti		Ï	Ť	ŦÏ		5	Stat	e:	Έ	ī							ī	Ť			Ϊ	ī	╗		ΪĒ	٦Ï	ī		Pi	n (Coc	de:	Έ	Ť	ī	Г	ΪĒ	Ť	٦ï	ヿ
Tel. No.:			Ť				Ī	Ī	ĪĪ		Ï	Ï	Ī	Alt	ter	na	te	No	: [Ï				Ī				Ϊ	Ī	ī	ı	Мо	bil	e:						Ī				ΪĒ	Ī	Ī	ī
Email ID:												Ī										Ī				Ī					Ī							Ī				Ī							
						ed i																																											
						d p																ce	ad	dre	ess	ar	id c	ve	rse	as	aa	dr	es			_						dre	ess						
CORRE	SF	109	ID	EN	ICI	E /	1D	DF	ÌΕ	SS	S /	CC	N	17	A(T	D	E	Α	IL:	S													S	ar	ne	as	s A	۱b	OV	е			Ye	s			No	
Flat/Plot No.:]_		В	lui	dir	ng	Na	ım	e:																													
Road:																						La	nd	ma	ark:	L		_		L																		_[
City/District:	L		<u> </u>	_ <u> </u>	_		Ļ	ļ	_ _		Ļ	ļ	╛		S	Stat	e:		ļ			Ļ	_		L	Ļ	<u> </u>	_		Ļ	ļ	_						Pi	n C	Coc	de:	Ļ	_ <u> </u> _			Ļ	ļ	_	_
Tel. No.:	Ļ	Ļ	<u> </u>	<u> </u>	ᆜ	L	Ļ	ļĻ	1		Ļ	Ļ	_ ,	Alt	ter	na	te	No	: [_		Ļ	_			Ļ	ļ	_		Ļ	ļĻ	ᆜ		Mo	bil	e: 		Ļ	ļ		L	Ļ	ļĻ	_	L	Ļ	ļ	_	$\underline{}$
Email ID:	Ļ	Ļ						JL																																						JL	_lL		
	L					ed i d p																															oer	ma	ıne	ent	ad	dre	ess						
BANK A	C	CO	UN	ΙT	DE	T/	ΔIL	S																										S	ar	ne	as	s F	\b	ΟV	е		,	Ye	s			No	
Type of Acco	our	nt	Г		Sa	vin	gs	A/c	;		Г	7 (Cui	rre	nt	A/	С							E	3ar	k /	4/C	N	0.:	Γ	1			Т	٦							ī	T				7		
Bank Name:	:		ī	Ħ٢							ī	Ī			1															Ī	ī			Ϊ	Ĭ			Ï	Ti			Ï	ī		Г	ΪĒ	ĪĒ	Ti	ᆿ
Branch Nam	ne:	Ī	ī	٦ī			Ī	ī	Ť		ΪĪ	Ϊ	Ti		Ī	٦ï		ï	Ī			Ť				ΪĒ	٦ï	ī		Ϊ	Ī	С	ity:	: [ī	ī		Ï	ī		Г	Ϊ	ī		一	厂	Ť	Ť	一
IFSC Code:		Ī					Ī	ĪĒ	Ī		Ī	Ī			Ī											_			V	IIC	R C	Coc	de:	: _				Ī				Ī	Ī			ΪĒ	ĪĪ	٦i	「
Cancell	ed	che	equ	e v	vith	pr	е-р	rint	ec	l n	am	e c	of t	he	a	ccc	oui	nt h	ol	de	r/:	Se	lf a	tte	ste	d E	3an	k S	Sta	ten	ner	nt /	Pa	ass	В	ool	a	te	ste	d l	by b	oar	nk s	sul	omi	tte	d		
			-					-							-		-							-1-							==		7.5	E.T						7.7					4.5.5	-			
																																								A			C	i	IF	• 1		IF	
																																								V			3	joint	venture	of			
Acknowle	ed	lge	m	en	t S	Slip	p						Α	pp	lic	atio	on	No	o./	Pol	icy	N	0.:																	Bank	of India	k	மு	Unio	n Bank	: 🛡	Dai	i-ichi	Life
PAN Card N	o.:																A	dha	aar	Ca	ard	N	o.:																				IRI	DΑ	RE	GN	. N	O. 1	142
Openin	g N	lew	el/	Δ.	'C	Г	\neg	Cha	ทด	169	in	e-l	A	Ac	СС	un	t			7	Cor	nve	ers	ion	of	ex	isti	ng	ро	lici	es	to	e-	pol	ici	es													
	_			.,,	•		ַ ע			,00	,	•							_	_								_	•								_			_									
Place:																				_																													



PAGE | 2

IRDA REGN. NO. 142

AUTHORIZED I	REPRESENTAT	TIVE DETAILS		
E Insurance Account	t No (eIA):			
Application No.:			Policy No	
Applicant's Name: (N	Mr/Mrs/Ms/Dr)			
Relationship with elA	A Applicant:			
Date of Birth:	D M M	YYY	Gender:	Male Female Others
PAN No.:			Adhaar No.:	
ADDRESS OF	AUTHORIZED I	REPRESENTATIVE		
Flat/Plot No.:		Building Name:		
Road:		Land	Imark:	
City/District:		State:		Pin Code:
Tel. No.:		Alternate No:	Mobile Mobile	e:
Email ID:				
Do you want to notify	Authorised Represe	entative about his/her appointment?	Yes No (If none of the option	is selected, it will be considered as YES)
SECTION II: CO	ONVERSION O	F POLICY		
CONVERSION	OF EXISTING	POLICIES TO E-POLICIES		Select Any One
I request you to convert	t my below mentione	ed policies to e-policies with the selected	Insurance Repository E	Insurance Account No (eIA):
	Central Insurance			
old Applicant F	Dotoilo			
elA Applicant D		plicy No (Application No	Nome	of the Inquired
elA Applicant I		olicy No./Application No.	Name	of the Insured
T		olicy No./Application No.	Name	e of the Insured
T		olicy No./Application No.	Name	e of the Insured
T		olicy No./Application No.	Name	e of the Insured
		olicy No./Application No.	Name	e of the Insured
Sr. No.	SUD Life Po		Name	e of the Insured
Sr. No.	SUD Life Po	TON		
elA APPLICAN The rules and regulations and I have understood the	SUD Life Po	TION ry and Development Authority & Insurance Folide by and to be bound by the rules as are in	epository pertaining to an e-Insurance wh	nich are now in force now have been read by me the A/c. I hereby declare that the particulars given
elA APPLICAN The rules and regulations and I have understood the herein are true, correct an the purpose of contravent	SUD Life Po	TION ry and Development Authority & Insurance Reside by and to be bound by the rules as are in of my knowledge and belief, the documents Regulations or any statute or legislation or ar	epository pertaining to an e-Insurance who force from time to time for such e-Insurance submitted along with this application are go y Notifications, Directions issued by any go	nich are now in force now have been read by me be A/c. I hereby declare that the particulars given genuine and I am not making this application for governmental or statutory authority from time to
elA APPLICAN The rules and regulations and I have understood the herein are true, correct an the purpose of contravent time. I authorize the Insur	T'S DECLARAT of Insurance Regulato e same and I agree to alt d complete to the best tion of any Act, Rules, F rance Repository to se	TION ry and Development Authority & Insurance Roide by and to be bound by the rules as are in of my knowledge and belief, the documents Regulations or any statute or legislation or arend any policy and account related informated.	epository pertaining to an e-Insurance where the force from time to time for such e-Insurance submitted along with this application are good by any on through email and SMS on the contains and the such that the submitted in the	ich are now in force now have been read by me be A/c. I hereby declare that the particulars given genuine and I am not making this application for governmental or statutory authority from time to ct details given by me. In case of any physical
ela APPLICAN The rules and regulations and I have understood the herein are true, correct an the purpose of contravent time. I authorize the Insur policies issued by SUD Lift communication relating to	T'S DECLARAT of Insurance Regulato e same and I agree to at dd complete to the best ition of any Act, Rules, F rance Repository to se fe from whom I obtain a o any physical / e-policy	ry and Development Authority & Insurance Roide by and to be bound by the rules as are in of my knowledge and belief, the documents Regulations or any statute or legislation or arend any policy and account related information e-policy, the address in the e-Insurance Acty will be sent to the address registered with the	epository pertaining to an e-Insurance where force from time to time for such e-Insurance submitted along with this application are go y Notifications, Directions issued by any goon through email and SMS on the contact of the submitted the address provided the Insurance Repository, I agree to inform	pich are now in force now have been read by me the A/c. I hereby declare that the particulars given genuine and I am not making this application for governmental or statutory authority from time to ct details given by me. In case of any physical for the physical policies. I understand that all the the Repository / SUD Life of any changes in the
ela APPLICAN The rules and regulations and I have understood the herein are true, correct an the purpose of contravent time. I authorize the Insur policies issued by SUD Lif communication relating to details mentioned in this fe	T'S DECLARAT of Insurance Regulato e same and I agree to at and complete to the best tion of any Act, Rules, F rance Repository to se fe from whom I obtain a o any physical / e-polic form and in case of dela	ry and Development Authority & Insurance Roide by and to be bound by the rules as are in of my knowledge and belief, the documents Regulations or any statute or legislation or ar end any policy and account related informat ne-policy, the address in the e-Insurance Accy will be sent to the address registered with the ay the said Repository/SUD Life shall not be I	epository pertaining to an e-Insurance where force from time to time for such e-Insurance submitted along with this application are submitted along with this application are submitted along with this application are submitted along with the submitted and SMS on the contained the mail and SMS on the contained the address provided the Insurance Repository, I agree to information to the said information able in case it acts on the said information.	sich are now in force now have been read by me be A/c. I hereby declare that the particulars given genuine and I am not making this application for governmental or statutory authority from time to ct details given by me. In case of any physical for the physical policies. I understand that all the the Repository / SUD Life of any changes in the n which has not been updated. Further, in case I
ela APPLICAN The rules and regulations and I have understood the herein are true, correct an the purpose of contravent time. I authorize the Insur policies issued by SUD Lift communication relating to details mentioned in this fe update the details with SU of any insurer that I hold/w	T'S DECLARAT of Insurance Regulato e same and I agree to alt d complete to the best tion of any Act, Rules, F rance Repository to se fe from whom I obtain a o any physical / e-polic form and in case of dela JD Life, I authorize then will hold in the said acco	ry and Development Authority & Insurance Repoide by and to be bound by the rules as are in of my knowledge and belief, the documents Regulations or any statute or legislation or arend any policy and account related informat in e-policy, the address in the e-Insurance Acty will be sent to the address registered with that the said Repository/SUD Life shall not be In to the submit the same to the Insurance Repount. I authorize the Repository to pass on the	epository pertaining to an e-Insurance where force from time to time for such e-Insurance submitted along with this application are good on through email and SMS on the contained in the surance Repository, I agree to information to asset it acts on the said information in the surance Acceptain in the e-Insurance Acceptain information in the surance Acceptain information to any Insurance Company	nich are now in force now have been read by me be A/c. I hereby declare that the particulars given genuine and I am not making this application for governmental or statutory authority from time to ct details given by me. In case of any physical for the physical policies. I understand that all the the Repository / SUD Life of any changes in the n which has not been updated. Further, in case I bunt and the said will be applicable to all policies that I have approached for availing of insurance
ela APPLICAN The rules and regulations and I have understood the herein are true, correct an the purpose of contravent time. I authorize the Insur policies issued by SUD Lif communication relating to details mentioned in this update the details with SU of any insurer that I hold/w cover. I further agree that a	T'S DECLARAT of Insurance Regulato e same and I agree to alt d complete to the best tion of any Act, Rules, F rance Repository to se fe from whom I obtain a o any physical / e-polic form and in case of dela JD Life, I authorize then will hold in the said accu	ry and Development Authority & Insurance Roide by and to be bound by the rules as are in of my knowledge and belief, the documents Regulations or any statute or legislation or arend any policy and account related information e-policy, the address in the e-Insurance Acty will be sent to the address registered with the said Repository/SUD Life shall not be Into the submit the same to the Insurance Repount. I authorize the Repository to pass on the formation given by me or suppression of any	epository pertaining to an e-Insurance where force from time to time for such e-Insurance submitted along with this application are good through email and SMS on the contable incase it acts on the said information incase it acts on the e-Insurance Account shall override the address provided he Insurance Repository, I agree to information incase it acts on the said information insitory for update in the e-Insurance Account information to any Insurance Company material fact will render my e-Insurance A	sich are now in force now have been read by me the A/c. I hereby declare that the particulars given genuine and I am not making this application for governmental or statutory authority from time to ct details given by me. In case of any physical for the physical policies. I understand that all the the Repository / SUD Life of any changes in the n which has not been updated. Further, in case I bunt and the said will be applicable to all policies
ela APPLICAN The rules and regulations and I have understood the herein are true, correct an the purpose of contravent time. I authorize the Insur policies issued by SUD Lif communication relating to details mentioned in this fupdate the details with SU of any insurer that I hold/w cover. I further agree that a hereby authorize the Insu Companies and /or to their	T'S DECLARAT of Insurance Regulato e same and I agree to at and complete to the best tion of any Act, Rules, F rance Repository to se fe from whom I obtain a o any physical / e-polici form and in case of dela JD Life, I authorize then will hold in the said acca any false/misleading in urance Repository / SU ir Authorized agents ar	ry and Development Authority & Insurance Roide by and to be bound by the rules as are in of my knowledge and belief, the documents Regulations or any statute or legislation or are and any policy and account related information e-policy, the address in the e-Insurance Acty will be sent to the address registered with the said Repository/SUD Life shall not be Into the submit the same to the Insurance Repoint. I authorize the Repository to pass on the formation given by me or suppression of any ID Life to disclose, share, remit in any form, and representatives in which I may transact / h	epository pertaining to an e-Insurance where force from time to time for such e-Insurance submitted along with this application are submitted along with this application are submitted along with this application are submitted along with the application and the contained and SMS on the contained the submitted the address provided the Insurance Repository, I agree to information to a submitted the address provided the Insurance Repository, I agree to information to any Insurance Company material fact will render my e-Insurance A mode or manner, all/any of the information to manner, all/any of the information to the	aich are now in force now have been read by me the A/c. I hereby declare that the particulars given to the period of the period of the period of the period of the physical policies. I understand that all the the Repository / SUD Life of any changes in the the the house of the physical policies. I understand that all the physical policies. I understand that all the the Repository / SUD Life of any changes in the the which has not been updated. Further, in case I bunt and the said will be applicable to all policies that I have approached for availing of insurance count liable for termination and further action. I con provided by me to the respective Insurance lates to such information as and when provided
ela APPLICAN The rules and regulations and I have understood the herein are true, correct an the purpose of contravent time. I authorize the Insur policies issued by SUD Lif communication relating to details mentioned in this fupdate the details with SU of any insurer that I hold/w cover. I further agree that a hereby authorize the Insur Companies and /or to theiby me. I hereby agree to pthis is a unique e-Insurance.	T'S DECLARAT of Insurance Regulato e same and I agree to at d complete to the best tion of any Act, Rules, F rance Repository to se fe from whom I obtain a o any physical / e-policy form and in case of dela JD Life, I authorize then will hold in the said acco any false/misleading in urance Repository / SU irir Authorized agents ar provide any additional ce Account opening ag	ry and Development Authority & Insurance Roide by and to be bound by the rules as are in of my knowledge and belief, the documents Regulations or any statute or legislation or arend any policy and account related informating energy will be sent to the address registered with the ay the said Repository/SUD Life shall not be lent to the submit the same to the Insurance Repount. I authorize the Repository to pass on the formation given by me or suppression of any JD Life to disclose, share, remit in any form, and representatives in which I may transact / hinformation / documentation that may be recoplication and I have not applied to the same	epository pertaining to an e-Insurance where force from time to time for such e-Insurance submitted along with this application are sy Notifications, Directions issued by any son through email and SMS on the contained in the endress provided her Insurance Repository, I agree to informable in case it acts on the said information ository for update in the e-Insurance Acces information to any Insurance Company material fact will render my e-Insurance A mode or manner, all/any of the information are transacted including all changes, upon updated by the Authorized parties, in connecting insurance Repository or any other Insurance Insurance Repository or any other Insurance Repositor	pich are now in force now have been read by me be A/c. I hereby declare that the particulars given genuine and I am not making this application for governmental or statutory authority from time to ct details given by me. In case of any physical for the physical policies. I understand that all the the Repository / SUD Life of any changes in the n which has not been updated. Further, in case I bunt and the said will be applicable to all policies that I have approached for availing of insurance count liable for termination and further action. I on provided by me to the respective Insurance
ela APPLICAN The rules and regulations and I have understood the herein are true, correct an the purpose of contravent time. I authorize the Insurpolicies issued by SUD Lif communication relating to details mentioned in this fupdate the details with SU of any insurer that I hold/w cover. I further agree that a hereby authorize the Insur Companies and /or to theiby me. I hereby agree to put this is a unique e-Insurance past. I would like to receive	SUD Life Po	ry and Development Authority & Insurance Roide by and to be bound by the rules as are in of my knowledge and belief, the documents Regulations or any statute or legislation or are and any policy and account related informat in e-policy, the address in the e-Insurance Accy will be sent to the address registered with the ay the said Repository/SUD Life shall not be Into the submit the same to the Insurance Repount. I authorize the Repository to pass on the formation given by me or suppression of any D Life to disclose, share, remit in any form, and representatives in which I may transact / hinformation / documentation that may be reconstructed.	epository pertaining to an e-Insurance where force from time to time for such e-Insurance submitted along with this application are sy Notifications, Directions issued by any son through email and SMS on the contained in the endress provided her Insurance Repository, I agree to informable in case it acts on the said information ository for update in the e-Insurance Acces information to any Insurance Company material fact will render my e-Insurance A mode or manner, all/any of the information are transacted including all changes, upon updated by the Authorized parties, in connecting insurance Repository or any other Insurance Insurance Repository or any other Insurance Repositor	sich are now in force now have been read by me be A/c. I hereby declare that the particulars given genuine and I am not making this application for governmental or statutory authority from time to ct details given by me. In case of any physical for the physical policies. I understand that all the the Repository / SUD Life of any changes in the n which has not been updated. Further, in case I bunt and the said will be applicable to all policies that I have approached for availing of insurance count liable for termination and further action. I on provided by me to the respective Insurance lates to such information as and when provided ction with this application. I hereby confirm that
ela APPLICAN The rules and regulations and I have understood the herein are true, correct an the purpose of contravent time. I authorize the Insur policies issued by SUD Lif communication relating to details mentioned in this fupdate the details with SU of any insurer that I hold/w cover. I further agree that a hereby authorize the Insur Companies and /or to theiby me. I hereby agree to pthis is a unique e-Insurance.	SUD Life Po	ry and Development Authority & Insurance Roide by and to be bound by the rules as are in of my knowledge and belief, the documents Regulations or any statute or legislation or arend any policy and account related informating energy will be sent to the address registered with the ay the said Repository/SUD Life shall not be lent to the submit the same to the Insurance Repount. I authorize the Repository to pass on the formation given by me or suppression of any JD Life to disclose, share, remit in any form, and representatives in which I may transact / hinformation / documentation that may be recoplication and I have not applied to the same	epository pertaining to an e-Insurance where force from time to time for such e-Insurance submitted along with this application are sy Notifications, Directions issued by any son through email and SMS on the contained in the endress provided her Insurance Repository, I agree to informable in case it acts on the said information ository for update in the e-Insurance Acces information to any Insurance Company material fact will render my e-Insurance A mode or manner, all/any of the information are transacted including all changes, upon updated by the Authorized parties, in connecting insurance Repository or any other Insurance Insurance Repository or any other Insurance Repositor	sich are now in force now have been read by me be A/c. I hereby declare that the particulars given genuine and I am not making this application for governmental or statutory authority from time to ct details given by me. In case of any physical for the physical policies. I understand that all the the Repository / SUD Life of any changes in the n which has not been updated. Further, in case I bunt and the said will be applicable to all policies that I have approached for availing of insurance count liable for termination and further action. I on provided by me to the respective Insurance lates to such information as and when provided ction with this application. I hereby confirm that

Important Notes:

Opening of eIA & availing the services is free of cost.

E-INSURANCE ACCOUNT FORM

- 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.

Star Union Dai-ichi Life Insurance Company Limited