

Application Number

Approved Person Code

Reference No.

Employee ID

Put Stamp here

(Please fill this form in English BLOCK LETTERS. Fields marked with asterisk [*] are compulsory)

PAN Number*

UID Number*

Mobile No*

Date of Birth*

DOB Proof*

ID Proof*

Skype ID*

Email ID*

(Email ID will your USER ID, Please fill it legible and clear)

Please affix your recent
Passport size color photograph here

Please Sign here

First Name*

Middle Name

Last Name

Gender* Male Female Others Resident Status Indian NRI Father/Spouse Name

Bank A/C No.*

MICR Code* IFSC Code*

GUIDELINES FOR FILLING UP THE eIA FORM

- 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
- Proof of Identity, Proof of Address and Date of Birth Proof are mandatory for opening an eIA.
- Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification.
- Original documents to be carried along with application for verification
- Please affix latest colour photograph

Correspondence Address

Address Line 1*

Address Line 2

Address Line 3

Address Line 4

Landmark*

Pincode* City*

State* Country*

Address Proof*

Landline No. Alternate No.

Permanent Address

Same as Correspondence Address

Address Line 1*

Address Line 2

Address Line 3

Address Line 4

Landmark*

Pincode* City*

State* Country*

Address Proof*

Alternate Email

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 authorize 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 authorize 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 like to receive my insurance policy and all the information related to the proposed insurance policy through KINREP.

Name

Place

Date

Signature

Valid Address Proofs List

- Ration Card
- Passport
- Aadhar Letter
- Voter ID card
- Driving License
- 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. to