

e-Insurance Account (eIA) Opening Form for Individual

(Please fill this form in ENGLISH and in BLOCK LETTERS.
Fields marked with asterisk (*) are compulsory)

Type of eIA

Ordinary Resident NRI

Signature

Please affix your recent colour photograph

Please sign in the box

eIA Applicant Details

First Name*	<input type="text"/>											
Middle Name	<input type="text"/>											
Last Name	<input type="text"/>											
Father's/Husband's Name	<input type="text"/>											
Gender*	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>	Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DOB Document Submitted*	<input type="text"/>	# /	<input type="text"/>									\$
PAN*	<input type="text"/>			& / or	UID <input type="text"/>							\$
ID Proof Submitted*	<input type="text"/>	# /	<input type="text"/>									\$

Permanent Address

Address Line 1*	<input type="text"/>											
Address Line 2	<input type="text"/>											
Address Line 3	<input type="text"/>											
Landmark	<input type="text"/>											
City*	<input type="text"/>											
Pincode*	<input type="text"/>											
State*	<input type="text"/>			Country*	<input type="text"/>							
Address Proof Submitted*	<input type="text"/>	# /	<input type="text"/>									\$

Correspondence Address

Same as above Yes No

Address Line 1*	<input type="text"/>											
Address Line 2	<input type="text"/>											
Address Line 3	<input type="text"/>											
Landmark	<input type="text"/>											
City*	<input type="text"/>											
Pincode*	<input type="text"/>											
State*	<input type="text"/>			Country*	<input type="text"/>							
Address Proof Submitted*	<input type="text"/>	# /	<input type="text"/>									\$

Contact Details

Telephone No.	<input type="text"/>									
Alternate Tel. No.	<input type="text"/>									
Mobile No.*	<input type="text"/>									
Fax No.	<input type="text"/>									
E-mail ID*	<input type="text"/>									
Alternate E-mail ID	<input type="text"/>									

Please mention the document code. List of documents and their respective codes is provided in the Annexure | <https://nir.ndml.in/>
\$ For list of valid documents, please refer the Annexure | <https://nir.ndml.in/>

(For office use only)

eIA No.:	<input type="text"/>										Approved Person ID:	<input type="text"/>										
Date of Receipt of Application:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Application No.:	<input type="text"/>									
Insurance Company:	<input type="text"/>																					

Bank Details

Account Type*	Savings <input type="checkbox"/>	Current <input type="checkbox"/>
Account Number*	<input type="text"/>	
Bank Name*	<input type="text"/>	
Branch Name*	<input type="text"/>	
City*	<input type="text"/>	
MICR Code	<input type="text"/>	IFSC code <input type="text"/>
(Compulsory in case of ECS)		(Compulsory in case of NEFT)
Cancelled Cheque*	<input type="checkbox"/>	(Please tick and attach a copy)

Authorised Representative Details

First Name*	<input type="text"/>											
Middle Name	<input type="text"/>											
Last Name	<input type="text"/>											
Gender*	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>	Date of Birth*	D	D	M	M	Y	Y	Y	Y
PAN	<input type="text"/>				UID	<input type="text"/>						
Relationship with eIA Applicant*	<input type="text"/>											

Address Same as eIA Applicant: Permanent Correspondence

Address Line 1*	<input type="text"/>												
Address Line 2	<input type="text"/>												
Address Line 3	<input type="text"/>												
Landmark	<input type="text"/>												
City*	<input type="text"/>												
Pincode*	<input type="text"/>												
State*	<input type="text"/>						Country*	<input type="text"/>					

Contact Details

Telephone No.	<input type="text"/>											
Mobile No.*	<input type="text"/>											
E-mail ID*	<input type="text"/>											

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)

Declaration

The rules and regulations of Insurance Regulatory and Development Authority & Insurance Repository 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 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 authorise 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 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 the Insurance Repository. I agree to inform the Repository of any changes in the details mentioned in this form and in case of delay the said repository 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 the Insurance Company, I authorise them to submit the same to you for update in the e-Insurance Account and the said update will be applicable to all policies of any insurer that I hold/ will hold in the said account. I authorise 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 authorise the Insurance Repository / 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 to the same Insurance Repository or any other Insurance Repository for an e-Insurance Account in the past. I would like to receive my insurance policy and all the information related to the proposed insurance policy through Insurance Repository.

Name of the eIA Holder

Signature

e-Insurance for easy access

- Mention the eIA number while buying a new policy
- Open eIA to receive online credit of insurance policy
- Check your eIA details registered with NIR

- Convert your physical policies to electronic at the earliest
- Check the policy after it is credited to your account
- Avail electronic services and information available through eIA

Important Points

- This form is meant for an individual to open an e-Insurance Account (eIA)
- An eIA enables an individual to hold the various types of insurance policies in electronic format in a single account
- This will eliminate the need of holding the insurance policies in physical form
- This account will also act as a single point of contact for the policyholders to update their demographic details with all the insurance companies from where the policies are acquired

An individual can hold only a single eIA

Authorised Representative:

An Authorised Representative is a person appointed by eIA holder who can access eIA in the event of the eIA holder's demise or in his incapacity to access the eIA. The Authorised Representative can only access the e-Insurance Account to know the portfolio of insurance policies. The Authorised Representative may be different from the nominee. The eIA holder has the right to change the Authorised Representative during the term of eIA. The eIA holder should change the Authorised Representative on the Authorised Representative's demise. Where an eIA is operated by the Authorised Representative of eIA holder, the Insurance Repository may block the eIA for any further transactions. In such a case, every transaction shall be routed through the respective insurers.

Guidelines for Filling the eIA Form

- The fields marked in asterisk (*) are mandatory
- The application form should be completed in ENGLISH and in BLOCK LETTERS
- Fill the form in black ink or ball point pen
- The application form should be filled in legible handwriting and overwriting should be avoided
- Please tick the appropriate box wherever applicable
- Affix a recent photograph
- Please ensure that the form is completed and signed by the person opening the eIA
- The application form complete in all aspects alongwith the documents should be submitted to the Approved Person
- Proof of Identity, Proof of Address and Date of Birth Proof are mandatory for opening an eIA
- The list of documents required to be submitted is provided in the Annexure

Following are the list of documents for Date of Birth Proof, Proof of Identity and Proof of Address

ANNEXURE I: Date of Birth Proof (any one of the following)

- | | |
|---|--|
| 01 PAN Card | 16 Central Govt. Health scheme certificate for their employees/ family members/ dependants |
| 02 Domicile Certificate | 17 Govt. service registers extract/certificates issued by Govt. to its employees |
| 03 Ration Card | 18 Employer's PF statement |
| 04 Driving License | 19 ESIS Card (Employees State Insurance Scheme) |
| 05 Passport | 20 Employer's certificate from Govt., Semi Govt., MNC, Public Ltd., Reputed Private Ltd. Organizations only. The certificate must be on the letterhead, duly signed & stamped by the authorised signatory |
| 06 Voter ID Card | 21 Certified School/ College Extract including School/ College leaving certificate/ Degree certificates/ mark sheet or hall ticket or admit card issued by Educational Board (10 & 12th std) reflecting DOB of eIA applicant |
| 07 Municipal birth Certificate | 22 Policy Document of other private insurers |
| 08 Notarized Birth Certificate | 23 LIC Policy |
| 09 Baptism Certificate | 24 Islander cards for Residents of Andaman & Nicobar Island |
| 10 Marriage Certificate issued by Church | 25 Pilgrim pass issued for Haj Pilgrimage |
| 11 Identity card/ document with address, issued by Central/ State Government and its Departments | |
| 12 Gram Panchayat Certificate | |
| 13 Identity card/ document with address, issued by Public Sector Undertakings | |
| 14 Defense ID including Ex-serviceman card issued to Defense personnel/ certificate of DOB issued by commanding officer with his seal & signature on the same | |
| 15 Identity card/ document with address, issued by Colleges affiliated to universities | |

ANNEXURE II: Proof of Identity (any one of the following)

- | | |
|--------|--------|
| 01 PAN | 02 UID |
|--------|--------|

ANNEXURE III: Proof of Address (any one of the following)

- | | |
|---|---|
| 01 Regd. Lease and License Agreement/ Agreement for sale | 12 Identity card/ document with address, issued by Statutory/ Regulatory Authorities |
| 02 Aadhar Letter | 13 Identity card/ document with address, issued by Public Sector Undertakings |
| 03 Ration Card | 14 Identity card/ document with address, issued by Scheduled Commercial Banks |
| 04 Driving License | 15 Identity card/ document with address, issued by Public Financial Institutions |
| 05 Passport | 16 Identity card/ document with address, issued by Colleges affiliated to universities |
| 06 Voter ID Card | 17 Identity card/ document with address, issued by Professional Bodies such as ICAI, ICWAI, Bar Council etc. to their Members |
| 07 Bank Passbook (not more than 6 months old) | |
| 08 Electricity Bill (not more than 6 months old) | |
| 09 Residence Telephone Bill (not more than 6 months old) | |
| 10 Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts | |
| 11 Identity card/ document with address, issued by Central/ State Government and its Departments | |

REQUEST FOR CONVERTING TO e-POLICY / DE-LINKING POLICY FROM e-INSURANCE ACCOUNT



Policy Number

Name of Policy Holder First Name Surname

REQUEST FOR CONVERSION TO e-POLICY:

I wish to convert my policies to e-Policies

Electronic Insurance Account (e-IA) (if any) Yes No

Account No.

If you do not have an existing e-IA, please provide following documents and details:

- e-IA Application Form (Duly filled)
- Identity Proof (Please tick as applicable): PAN card copy Aadhar card copy
- Address Proof (Please tick as applicable): Utility Bills Others (Please specify) _____
- Copy of Cheque:

REQUEST FOR DE-LINKING POLICY FROM ELECTRONIC INSURANCE ACCOUNT:

I wish to re-materialize the following policies held by me with ICICI Prudential:

Policy Number 1) 2) 3)
4) 5)

Signature of Proposer / Policy Owner

Please Note:

- On issuance of an e-Policy:
 - The policy certificate held by you in physical format will become null and void.
 - Changes in address, bank details need to be submitted with the Insurance Repository by the policy holder.
 - Policy related changes will have to be submitted to ICICI Prudential Life Insurance Co. Ltd.
- You will receive communication from the Insurance Repository on successful opening of e-IA and credit of policy in your account.
- All policies held by you will be converted to e-Policies.

Acknowledgement Slip:

This is to acknowledge the receipt of request for:

Conversion to e-policy De-linking policy from electronic insurance account

Policy Number Date

Received By _____

STAMP
&
TIME