



Proposal Number : Approved Person Code :

Insurance Company :

PAN Number *

UID Number

Mobile No. *

Date of Birth* D D M M Y Y Y Y

DOB Proof

ID Proof

Email

Paste your recent color photo

Sign Here

Applicant Details

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

First Name *

Middle Name

Last Name

Gender * Male Female Others Status Resident Indian NRI

Father / Spouse

Permanent Address

House No.*

Street

Locality

Landmark

City*

Pincode* State * Country *

Address Proof *

Correspondence Address

Same as above

House No.*

Street

Locality

Landmark

City*

Pincode* State * Country *

Address Proof *

Contact Details

Landline No. Alternate No.

Alternate Email

Acknowledgement

PAN/UID No.



Received from _____

for opening of e-IA (Individual)

IR AP Seal & Signature

Bank Details

Account No. *		A/c Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current
Bank Name *				
Branch Name				
City *				
MICR Code		IFSC Code		
<input type="checkbox"/> Cancelled Cheque Attached *	MICR Code & IFSC Code are compulsory for ECS & NEFT			

Authorised Representative Details

Do not send communication to Authorised Representative

First Name *												
Middle Name												
Last Name												
Gender *	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others	Date of Birth *	D	D	M	M	Y	Y	Y	Y
PAN No.					UID No.							
Relationship												

Address for Correspondence

Same as eIA applicant: Permanent Correspondence

House No.*														
Street														
Locality														
City*														
Landmark														
Pincode*					State *					Country *				

Contact Details

Landline No.					Mobile No. *							
Email ID *												

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

Name		Signature	
Place		Date	D D M M Y Y Y Y



Visit us @ <https://www.kinrep.com>
Call us @ 1800 31 KARVY
Write to us kinrep@karvy.com
Call us @ 98480 KARVY



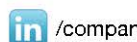
Track your application by visiting
<https://www.kinrep.com/pos>
--> Track your application



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Insurance Repository in your hands!
Download the iPhone & iPad and
iPhone application iPOSibility or
POSibility from the apple AppStore

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