

e Insurance Account Opening Form - Individual



Please fill the form in Black ink and in CAPITAL letters only.

Fields marked with asterisk (*) are mandatory.

Bajajallianz Life Ins. Co. Application No. : CAMS6080937677

For Office Use Only

Direct Insurer

Insurer Name

Application No.

NB Application No.

Original/Attested True copies verified OK Not OK

Remarks

Personal details of Applicant

Account Type Resident Indian Non - Resident Indian#

First Name *

Middle Name

Last Name *

Father's / Husband's Name *

PAN No.* UID/Addhar No.

ID Proof *(any one) Pan Card UID/Aadhar Card

Gender* Male Female Others Date of Birth*

Age Proof Type*

Please paste your recent color passport size photo here

Correspondence Address*

Landmark State*

City* PIN Code*

Country*

Address Proof Doc Submitted*

Permanent Address Same as above Address

Landmark State*

City* PIN Code*

Country*

Contact Details Phone No. Mobile No.*

Email ID*

Alternate Email ID

Address Proof Doc Submitted*

Note: - ID proof & Address proof to be produced in original along with the e IA application form for verification.
- Self attested photocopies of ID proof, Address proof and Age proof to be submitted along with e IA application form.
- Some Valid Address proofs are 1. Voter ID 2. Ration Card 3. Driving License 4. Passport 5. UID/Aadhar Card. For list of other valid address proof documents you may please visit our website www.camsrepository.com or call customer care 1800 200 7737.
- # NRI should provide his/her Indian address under correspondence address. Overseas address under permanent address.

Acknowledgement Slip

Application No.

PAN UID

Received with thanks from

for opening of e Insurance Account (individual)

Place

Date

For Office Use Only

CAMSRep AP Seal & Signature

