## 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Direct   | Dajajamani in the transfer of the state of t |  |  |  |  |  |  |  |  |  |  |  |  |
| For<br>Office  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| use  | ation No. NB Application No.   |  |  |  |  |  |  |  |  |  |  |  |  |
| Only   | al/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 /   | Please paste your recent color passport size photo   |  |  |  |  |  |  |  |  |  |  |  |  |
| Husband's Name *   | here   |  |  |  |  |  |  |  |  |  |  |  |  |
| PAN No.*   | UID/Addhar No.   |  |  |  |  |  |  |  |  |  |  |  |  |
| ID Proof *(any one)  | Pan Card UID/Aadhar Card   |  |  |  |  |  |  |  |  |  |  |  |  |
| Gender*  | Male Female Others Date of Birth* DD / MM / YYYYY L  |  |  |  |  |  |  |  |  |  |  |  |  |
| Correspondence   | Age Proof Type*  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address*   |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Landmark   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City*  | PIN Code*  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country*   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address Proof Doo  | c Submitted*   |  |  |  |  |  |  |  |  |  |  |  |  |
| Permanent Addres   | s Same as above Address  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Landmark<br>City*  | State* PIN Code*   |  |  |  |  |  |  |  |  |  |  |  |  |
| Country*   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Contact Details  | Phone No. STD NUMBER Mobile No.*   |  |  |  |  |  |  |  |  |  |  |  |  |
| Email ID*  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Alternate Email ID   |  |  |  |  |  |  |  |  |  |  |  |  |
| Address Proof Doo  | Submitted*   |  |  |  |  |  |  |  |  |  |  |  |  |
|  | £ Address proof to be produced in original along with the e IA application form for verification.  |  |  |  |  |  |  |  |  |  |  |  |  |
| - Some Val   | sted photocopies of ID proof, Address proof and Age proof to be submitted along with e IA application form. id Address proofs are 1. Voter ID 2. Ration Card 3.Driving License 4. Passport 5.UID/Aadhar Card. For list of other valid  |  |  |  |  |  |  |  |  |  |  |  |  |
| address p<br>- # NRI sho   | proof documents you may please visit our website www.camsrepository.com or call customer care1800 200 7737.  Build provide his/her Indian address under correspondence address. Overseas address under permanent address.  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Acknowledgeme  | ent Slip   |  |  |  |  |  |  |  |  |  |  |  |  |
| Application No.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PAN UID  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Received with tha  | For Office Use Only  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | nsurance Account (individual)  |  |  |  |  |  |  |  |  |  |  |  |  |
| Place  | Date DD / MM / YYYY CAMSRep AP Seal & Signature  |  |  |  |  |  |  |  |  |  |  |  |  |

Contact Us Phone: 1800 200 7737 We



| Particulars of Bank Details of Applicant   |  |                         |                       |                 |                    |                        |                         |               |              |                |              |            |             |              |                                      |              |              |                |              |               |       |      |       |      |      |      |      |      |       |      |      |       |      |      |      |      |      |      |      |      |
|--|--|-------------------------|-----------------------|-----------------|--------------------|------------------------|-------------------------|---------------|--------------|----------------|--------------|------------|-------------|--------------|--------------------------------------|--------------|--------------|----------------|--------------|---------------|-------|------|-------|------|------|------|------|------|-------|------|------|-------|------|------|------|------|------|------|------|------|
| Account Type Account No.* Bank Name* Branch Name Branch City* MICR Code Original Cancelled   | Cheq   | Sav<br>ue L             |                       |                 |                    |                        |                         | Curi          |              | et A           |              |            |             |              |                                      |              |              |                |              |               |       |      |       |      | J    |      |      | ode  |       | ode  | app  | ear   | ring | on   | youi | r ch | eque | e le | af)  |      |
| Particulars of Authorized Representative**   |  |                         |                       |                 |                    |                        |                         |               |              |                |              |            |             |              |                                      |              |              |                |              |               |       |      |       |      |      |      |      |      |       |      |      |       |      |      |      |      |      |      |      |      |
| First Name * Middle Name Last Name* Gender* Address*   | Male Female Others Date of Birth* DD / MM / Y Y Y Y  Same as Correspondence Address of eIA Applicant |                         |                       |                 |                    |                        |                         |               |              |                |              |            |             |              |                                      |              |              |                |              |               |       |      |       |      |      |      |      |      |       |      |      |       |      |      |      |      |      |      |      |      |
|  |  |                         |                       |                 |                    |                        |                         |               |              |                |              |            |             |              |                                      |              |              |                |              |               |       |      |       |      |      |      |      |      |       |      |      |       |      |      |      |      |      |      |      |      |
|  |  |                         |                       |                 |                    |                        |                         |               |              |                |              |            |             |              |                                      |              |              |                |              |               |       |      |       |      |      |      |      |      |       |      |      |       |      |      |      |      |      |      |      |      |
| Landmark   |  |                         |                       |                 |                    |                        |                         |               |              |                |              |            |             |              |                                      |              |              |                |              | S             | tat   | e*   |       |      |      |      |      |      |       |      |      |       |      |      |      |      |      |      |      | 1    |
| City*  |  |                         |                       | Ļ               |                    |                        |                         | _  -          |              | <u> </u>       |              |            |             |              |                                      |              |              |                |              |               |       |      |       |      | P    | IN   | Co   | de   | *     |      |      | _     |      |      |      |      |      |      |      |      |
| Country*  Relationship with Applicant*   |  |                         |                       |                 |                    |                        |                         |               |              |                |              |            |             |              |                                      |              |              |                |              |               |       |      |       |      |      |      |      |      |       |      |      |       |      |      |      |      |      |      |      |      |
| Contact Details  | <u> </u>   |                         | D                     |                 |                    | N                      |                         | M             | B            | II.            | R            |            |             | $\square$    |                                      | Mol          | hile         | e No           | <br>`*       |               |       |      |       |      |      | 7    |      |      | ٦٢    |      |      |       |      |      |      |      |      |      |      |      |
| Email ID*  | Pho  |                         |                       |                 |                    |                        |                         |               |              |                |              | Ĭ          |             |              |                                      |              |              |                | /\\O         |               |       | J.   |       |      |      |      |      |      |       |      |      | 4     | #    | 7    |      |      |      |      |      |      |
|  |  |                         |                       |                 |                    |                        |                         |               |              | _∟<br>Alt      | err          | nat        | e E         | <br>ima      | il I                                 | ID           |              |                |              |               |       |      |       |      |      |      |      |      |       |      |      |       |      | _    |      |      |      |      |      |      |
| Do you want to not   | ifv Aı   | utho                    | rize                  | ed I            | Ren                | rese                   | enta                    | tiv           | –<br>e a     | boı            | ıt h         | nis/       | /he         | r a          | ממ                                   | oin          | tme          | ent            | ?            |               |       | Υe   | ٠,    |      |      | 40   |      |      |       |      |      |       |      |      |      |      |      |      |      |      |
| Declaration:   | ,  |                         |                       |                 |                    |                        |                         |               | -            |                |              |            |             |              | rr                                   | •            |              |                | •            | l             |       |      | .5    |      | '    | 10   |      |      |       |      |      |       |      |      |      |      |      |      |      |      |
| The Rules and Regulations of IRDA & CAMS Repository Services pertaining to an elawhich 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 elinsurance Account (ela). 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 authorize 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 e policy, the address in the elaccount shall override the address provided for the physical policies, I understand that all the communication relating to any physical eloicy will be sent to the address registered with Insurance Repository. I further agree that any false/misleading information given by me or suppression of any material fact will render my elaliable for termination and further action. |  |                         |                       |                 |                    |                        |                         |               |              |                |              |            |             |              | the<br>Act,<br>ry to<br>from<br>cal/ |              |              |                |              |               |       |      |       |      |      |      |      |      |       |      |      |       |      |      |      |      |      |      |      |      |
| I hereby authorize CAMS respective Insurance Com and when provided by me I do not hold any e Insuran   | Repos<br>npanie<br>e. I he   | itory<br>s and<br>ereby | Serv<br>I /or<br>agre | vices<br>to the | Ltd<br>heir<br>pro | l./th<br>auth<br>ovide | e Insi<br>iorize<br>any | ed ag<br>addi | gent<br>tion | s an<br>Ial ir | d re<br>nfor | pre<br>mat | sen<br>tion | tativ<br>/do | ves<br>cum                           | in w<br>nent | hich<br>atio | h I m<br>on th | ay t<br>at n | rans<br>nay l | sact  | /hav | e tra | ansa | acte | d ir | nclu | din  | g al  | l ch | ange | es, ı | upda | ates | to s | uch  | info | orma | atio | n as |
| I would like to receive m  |  |                         |                       |                 |                    | •                      |                         |               |              |                |              |            |             | •            |                                      |              |              | •              |              | •             | cy tl | hrou | gh C  | CAM  | S Re | pos  | sito | ry S | ervi  | ices | •    |       |      |      |      |      |      |      |      |      |
| Date DD / N  | M  | <b>/</b> [Y             | Υ                     | Υ               | Y                  | ,                      |                         |               |              |                |              |            |             |              | Çi                                   | gna          | atıı         | re             |              |               |       |      |       |      |      |      |      |      |       |      |      |       |      |      |      |      |      |      |      |      |
| Place  |  |                         |                       |                 |                    |                        |                         |               |              |                |              |            |             |              | اد                                   | 5110         | acu          | 10             |              |               |       |      |       |      |      |      |      |      |       |      |      |       |      |      |      |      |      |      |      |      |
| **Authorized Representate Insurance Account.   | tive is  | the p                   | oerso                 | on w            | ho c               | an o                   | pera                    | te th         | ne A         | ccol           | ınt i        | in t       | the         | evei         | nt o                                 | of de        | mis          | se of          | the          | pol           | licyh | olde | er or | in l | his/ | her  | inc  | apa  | acity | y to | ope  | rat   | e th | e    |      |      |      |      |      |      |

