KARVY INSURANCE REPOSITORY

e-Insurance Account Form

For Individuals

Application Number

Insurance Company

Approved Person Code

PAN Number *

UID Number *

Mobile No. *

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

DOB Proof *

ID Proof *

Email *

Put Stamp Here

Paste your recent colour 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

Correspondence Address

Address Line 1 *

Address Line 2

Address Line 3

Landmark

City *

Pin Code * State * Country *

Address Proof *

Permanent Address

Same as above

Address Line 1 *

Address Line 2

Address Line 3

Landmark

City *

Pin Code * State * Country *

Address Proof *

Contact Details

Landline No. Alternate No.

Alternate Email

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 Card. For list of other valid address proof documents you may please visit our website www.kinrep.com or call customer care 1800 315 2789.
- # NRI should provide his/her Indian address under correspondence address and overseas address under permanent address.

Acknowledgement

PAN/Aadhaar

Received from _____

for opening of e-IA (Individual)

IR AP Seal & Signature

Bank Details

Account No. * A/c Type Savings Current

Bank Name *

Branch Name

City *

MICR Code IFSC Code

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 * Male Female Others Date of Birth * D D M M Y Y Y Y

PAN No. UID No.

Relationship

Address for Correspondence

Same as e-IA applicant: Permanent Correspondence

Address Line 1 *

Address Line 2

Address Line 3

Landmark

City *

Pin Code * 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 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 Signature

Place

Date D D M M Y Y Y Y

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T. 1800 31 KARVY
S. SMS KINREP to 92255 92255
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W. www.kinrep.com

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

Insurance Repository in your hands!
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