

DEMAT

e-Insurance Account (eIA) Opening Form for Individual



Application No. / Proposal number

Do you have existing e-IA account number Yes No

If Yes then please provide e-IA account number

If you do not have e-IA account number then please provide below mentioned details

A. Select the preferred insurance repository in which e-Insurance Account (eIA) needs to be opened

- Central Insurance Repository Limited NSDL Database Management Limited
 Karvy Insurance Repository Limited CAMS Repository Services Limited

C. AUTHORISED REPRESENTATIVE DETAILS (mandatory)

Name*: _____ Date of Birth*: / /

Gender*: M F Relationship with eIA applicant*: _____

Email ID*: _____ Mobile No*:

Address*: Same as eIA applicant

City: _____ Pincode: _____ State: _____ Country: _____

I wish to notify Authorised Representative about his/her appointment

Authorised Representative Details for the eIA

An Authorised Representative is like a trustee to the e-Insurance Account (eIA) and has to be deputed by eIA holder.

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 and know the portfolio of insurance policies.

Declaration

The rules and regulations of Insurance Regulatory and Development Authority of India & 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. I am aware the details furnished by me, including KYC documents, in/alongwith the proposal form will be used to open the eIA. I hereby give my consent for the same.

Name of eIA Holder: _____

Address: _____

Date: _____ Place: _____



Signature of eIA Holders

HDFC Standard Life Insurance Company Limited. In partnership with Standard Life Plc. CIN:U99999MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: Lodha Excelus, 13th Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, Call **1860-267-9999** (local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm
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