e Insurance Account Opening Form - Individual

Please fill the form in Black ink and in CAPITAL letters only. Fields marked with asterisk (*) are mandatory.



For Office

Insurer Name Reliance Life Insurance Co. Ltd. Insurer NB Application No.

Only																																				1	
Personal details	of Ap	plic	can	it																																	
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First Name * Middle Name																																					
Last Name * Father's / Husband's Name *																																			rt s		ent oto
PAN No.*										UID)/A	adh	ar l	No.															-0								
ID Proof *(any one)		Pan	Car	d		UII	D/A	adh	ar (Card	1													30			100	=20									
Gender*		Male	e [Fer	male	е		Ot	hers	5	Dat	e o	f Bir	th'	*	D	D] /	N	٨	/	Υ	· [\	Y	Υ	Υ		55								
Correspondence Address*																																					
Landmark City*																		S	Sta	te*				PI	N (Со	de'	h [
Country*																																					
Contact Details	Phon	e No	o.			S		1	1 U	M	В	E	R			J	Mol	bile	e N	o.*																	
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Application No.																																					

Application No. PAN UID Received with thanks from			For Office Use Only
for opening of e Insurance Account (individual) Place	Date	DD/MM/YYYY	CAMSRep AP Seal & Signature

CAMSRep AP Seal & Signature



Particulars of B	ank Details	of Applic	ant								
Account Type	Saving	s A/c	Current	A/c							
Account No.* Bank Name*											
Branch Name											
Branch City*							IFSC Code				
MICR Code							(11 character code appearing on your cheque leaf)				
Original Cancelled	cheque Leaf	given	Yes	No							
Particulars of Authorized Representative**											
First Name *											
Middle Name											
Last Name*											
Gender*	Male	Fema	le (Others D	Date of Birth*	D / M M /	YYYY				
Address*	Same as Correspondence Address of eIA Applicant										
Correspondence											
Address*											
Landmark						State*					
City*							PIN Code*				
Country*											
Relationship with	Applicant*										
Contact Details	Phone No.	S -	T D N U	M B E F	R Mob	oile No.*					
Email ID*											
			A	ternate Em	nail ID						
Do you want to no	tify Authorize	ed Represe	ntative abo	out his/her	appointment ?	Yes	No				
Declaration:											
and to be bound by the r best of my knowledge a Rules, Regulations or an send any policy and acco whom I obtain e policy,	ules as are in force nd belief, the do y statute or legisl ount related infor the address in th the address regis	e from time to cuments submation or any N mation through e e IA account stered with Ins	time for such nitted along w lotifications, D gh email and So shall override surance Repos	e Insurance Acc ith this applica irections issue MS on the conta the address p	count (e IA). I hereby ation are genuine and ed by any governmenta act details given by mo provided for the physic	declare that the part I am not making that al or statutory auth e. In case of any pl cal policies,I under	me and I have understood the same and I agree to abide by articulars given herein are true, correct and complete to the his application for the purpose of contravention of any Act, fority from time to time. I authorize Insurance Repository to hysical policies being issued by the insurance company from restand that all the communication relating to any physical/mation given by me or suppression of any material fact will				
respective Insurance Co	mpanies and /or ne. I hereby agre	to their authore to provide a	rized agents a any additional	nd representation/d	tives in which I may tr locumentation that m	ransact/have trans ay be required by	manner, all/any of the information provided by me to the acted including all changes, updates to such information as the Authorized Parties, in connection with this application.				
I would like to receive	my Insurance po	olicy and all t	the information	on related to t	the proposed insurar	nce policy through	CAMS Repository Services.				
Date D D /	MMIY	YY									
Place					Signature						
**Authorized Representa	ative is the perso	on who can op	erate the Acco	ount in the ev	ent of demise of the	policyholder or in	his/her incapacity to operate the				

Benefits of e Insurance Account

e Insurance Account.

- FREE of cost to policy holder. Safe & convenient. Ease of maintenance.
- One time KYC: No KYC repetition when you buy a new policy.
- Access & monitoring of e-policies, value added services www.camsrepository.com

