

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
Use
Only

Insurer ☐

Insurer Name

Reliance Life Insurance Co. Ltd.

NB Application No.

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/Aadhar No.

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

Gender* ☐ Male ☐ Female ☐ Others Date of Birth*

Please paste your recent
color passport size photo
here

Correspondence

Address*

Landmark State*

City* PIN Code*

Country*

Contact Details Phone No. STD NUMBER Mobile No.*

Email ID*

Alternate Email ID

Address Proof Doc Submitted*

Permanent Address ☐ Same as above Address

Landmark State*

City* PIN Code*

Country*

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 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

Contact Us

Phone: 1800 200 7737 Write : info@camsrepository.com Website: www.camsrepository.com

