

e-Insurance Account (eIA) Opening Form for Individual

(Please fill this form in ENGLISH and in BLOCK LETTERS.
Fields marked with asterisk (*) are compulsory)

Application No.:

Signature

Type of eIA

Resident Indian NRI

Please sign in the box

Please affix your recent colour photograph

eIA Applicant Details

First Name*

Middle Name

Last Name

Father's/Husband's Name

Gender* Male

Female Others

Date of Birth*

DOB Document Submitted*

PAN*

& / or UID

ID Proof Submitted*

Permanent Address

Address Line 1*

Address Line 2

Address Line 3

Landmark

City*

Pincode*

State*

Country*

Address Proof Submitted*

Correspondence Address

Same as above

Yes

No

Address Line 1*

Address Line 2

Address Line 3

Landmark

City*

Pincode*

State*

Country*

Address Proof Submitted*

Contact Details

Telephone No.

Alternate Tel. No.

Mobile No.*

Fax No.

E-mail ID*

Alternate E-mail ID

Please mention the document code. List of documents and their respective codes is provided in the Annexure | <https://nir.ndml.in/>

\$ For list of valid documents, please refer the Annexure | <https://nir.ndml.in/>

(For office use only)

eIA No.:

Approved Person ID:

Date of Receipt of Application:

Application No.:

Insurance Company: IndusInd Nippon Life Insurance Company Limited

