e Insurance Account Opening Form - Individual

Please fill the form in Black ink and in CAPITAL letters only.

CAMSRep
Insurance Repository & Services

Fields marked with asterisk (*) are mandatory.												
For	Insure	or Others		Insurer Name								
Office Use Code Select	No. If 'Others' ed			NB Application No.								
Personal details	of Applicant	t										
Account Type	Resident	t Indian Non	- Resident Indian#			٦						
First Name *												
Middle Name												
Last Name *					Please paste your recent							
Father's /					color passport size photo							
Husband's Name *			LUD / A a dha e No		here here							
PAN No.* ID Proof *(any one)	Pan Card	d UID/Aadha	UID/Aadhar No.									
			r									
Gender*	Male	Female	L r		Y Y 	爿						
			Age Proof Type			_						
Correspondence Address*												
Address												
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City*				State* PIN (Code*							
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Acknowledgem	ent Slip											
Application No. (Incase of Online)												
PAN UID												
					For Office Use Only							

DD/MM/YYYY

CAMSRep/CAMSRep AP/Insurer Seal & Signature

for opening of e Insurance Account (individual)

Place



Account Type		Sa	avi	ngs	s A/	/c			(Cu	rre	nt.	Α/	с																																	
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Benefits of e Insurance Account

Particulars of Bank Details of Applicant

- 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

