



# Central Insurance Repository Limited.

## e-Insurance Account (eIA) Service Request Form

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

**eIA Applicant Details**

eIA No.                      Date

Title\*  Mr.  Ms.  Dr.  Others \_\_\_\_\_ Please Specify

First Name\*

Middle Name

Last Name

**Change in Contact No.**

Telephone                      Mobile

**Change in Email ID**

Email ID

**Change in Name**

Title\*  Mr.  Ms.  Dr.  Others \_\_\_\_\_ Please Specify

First Name\*

Middle Name

Last Name

Document Submitted

**Change in Address**  Permanent Address  Correspondence Address

City           State

Landmark           PIN Code

Country

Document Submitted

**Change in Date of Birth**

Date of Birth                      Document Submitted

### Acknowledgement Slip

eIA No.

This is to acknowledge the receipt of application from Mr. / Mrs. \_\_\_\_\_ for change in

- Contact Details  Email ID  Name  Address  
 Bank Details  Authorised Representative  Date of birth

Document Submitted

Place                      Date

AP Seal & Signature

**Bank Details**

Account Type\* Savings  Current  ECS / Original Cancelled Cheque Leaf given\* Yes  No

Account Number\*

Bank Name\*

Branch Name\*

City Name\*  Pin Code\*

MICR Code  IFSC Code

(Compulsory in case of ECS) (Compulsory in case of NEFT)

**Change in Authorised representative**

Relationship with Proposer

Full Name

Gender  Male  Female Date of birth

Address

City  State

Landmark  PIN Code

Country

Phone No.  Mobile No.

Email ID

Place \_\_\_\_\_

Date

Name of the eIA Holder

Signature of the eIA Holder

**For any queries, please contact**

 Toll Free No. 1800 200 5533

 [cirlhelpdesk@cdslindia.com](mailto:cirlhelpdesk@cdslindia.com)

 [www.cirl.co.in](http://www.cirl.co.in)

**Approved Person Details**

Name of the AP \_\_\_\_\_

Address & Contact Details of AP \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_