

Document Submitted

Date of Birth

Change in Date of Birth

Central Insurance Repository Limited.



e-Insurance Account (eIA) Service Request Form Please fill the form in Black ink and in CAPITAL letters only. elA Applicant Details elA No. Others Title* Please Specify First Name* Middle Name Last Name Change in Contact No Telephone Mobile Change in Email ID **Email ID** Change in Name Title* Dr. Others Please Specify Ms. First Name* Middle Name Last Name **Document Submitted** Change in Address City State Landmark **PIN Code** Country

| Acknowledgement Slip | |
|---|---------------|
| elA 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 | AP Seal & |
| Document Submitted | Signature |
| Place Date d d m m y y y y | |

Document Submitted

| Bank Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Account Type* | aving | gs | | Cu | rren | t | | EC | :S / (| Orig | jinal | Cano | elle | d Ch | eque | e Lea | af g | iven | * | | Yes | | No | <u> </u> | | | | | |
| Account Number* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch Name* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City Name* | | | | | | | | | | | | | | | | | | | | | Pin | Coc | le* | | | | | | |
| MICR Code | | | | | | | | | | | | | | | IFSC | Co | de | | | | | | | | | | | | |
| (Compulsory in case of EC | <u>2</u>) | | | | | | | | | | | | | (C | omp | ulsc | ry i | n ca | se c | of N | EFT) | | | | | | | | |
| Change in Authorised | repr | ese | enta | tive | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship with Proposer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Email ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | For any queries, please contact |
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| | |
| | Toll Free No. 1800 200 5533 |
| | cirlhelpdesk@cdslindia.com |
| @ | www.cirl.co.in |
| | |

| | Approved Person Details |
|---|---|
| | |
| ι | UAE Exchange & Finance Ltd. |
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