



**Central Insurance  
Repository Limited.**

**For Official Use only**

Insurer/AP Branch Name: \_\_\_\_\_

Receipt Date & Time: \_\_\_\_\_

Received By: \_\_\_\_\_

Interaction ID: \_\_\_\_\_

To The Manager  
Insurance Company Name

\_\_\_\_\_

\_\_\_\_\_

(Name Of the eI/A/C Holder)

e-Insurance A/c No.

PAN / UID No.

Dear Sir,

**Sub: Conversion of my existing policies into e-Policies**

I would request you to convert my below mentioned policies held by me as a proposer into electronic policies. Policies to be converted into e-Policies are

Sr. No.	Policy Number	Name of the Life Insured	Physical Document Submitted	Remarks(If any)
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8			<input type="checkbox"/> Yes <input type="checkbox"/> No	
9			<input type="checkbox"/> Yes <input type="checkbox"/> No	
10			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Place

Date

Signature of Proposer

**Acknowledgement Slip**

Received with thanks from Mr. / Ms. \_\_\_\_\_ PAN/UID No. \_\_\_\_\_

a request for conversion of existing policies into e-Policies

Place

Date

Insurer / AP Seal  
& Signature

**For further queries please contact**

Communication Address: I-202, Deck Level, CBD Belapur, Station Complex, Tower No. 3, Navi Mumbai-400614

Regd. Office: 17th Floor, P J Towers, Dalal Street, Fort, Mumbai - 400001

• CIRL Toll Free No. 1800 200 5533 • Visit us at - [www.cirl.co.in](http://www.cirl.co.in) • Helpdesk email - [cirlhelpdesk@cdslindia.com](mailto:cirlhelpdesk@cdslindia.com)