e Insurance Account Opening Form - Individual

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



Fields marked with a	sterisk (*) are mandatory.	ilisurance repository a services
For	t Insurer	Insurer Name
USE	cation No.	NB Application No.
Only	nal/Attested True copies verified OK Not OK	Remarks
Personal detai	s of Applicant	
Account Type	Resident Indian Non - Resident Indian#	
First Name *		
Middle Name		
Last Name * Father's /		Please paste your recent color passport size photo
Husband's Name		here
PAN No.*	UID/Addhar No.	
ID Proof *(any one	Pan Card UID/Aadhar Card	
Gender*	Male Female Others Date of Birth*	DD/MM/YYYY
	Age Proof Type*	
Correspondence		
Address*		
Landmark		State*
City*		PIN Code*
Country*		
Address Proof Do	c Submitted*	
Permanent Addre	ss Same as above Address	
Landmark		State*
City*		PIN Code*
Country*		
Contact Details	Phone No. STD NUMBER Mol	bile No.*
Email ID*		
	Alternate Email ID	
Address Proof Do	oc Submitted*	
- Self att - Some V address	& Address proof to be produced in original along with the e IA applicested photocopies of ID proof, Address proof and Age proof to be submitted Address proofs are 1. Voter ID 2. Ration Card 3.Driving License 4. proof documents you may please visit our website www.camsreposite ould provide his/her Indian address under correspondence address.	mitted along with e IA application form. Passport 5.UID/Aadhar Card. For list of other valid ory.com or call customer care1800 200 7737.
Acknowledgen	ent Slip	
Application No.		
PAN UII		
Received with th	anks from	For Office Use Only
for opening of e	nsurance Account (individual)	

Contact Us Phone: 1800 200 7737 Website: www.camsrepository.com

Date

Place

DD/MM/YYYY

CAMSRep AP Seal & Signature



Particulars of Bank Details of Applicant																																									
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Declaration:																																									
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