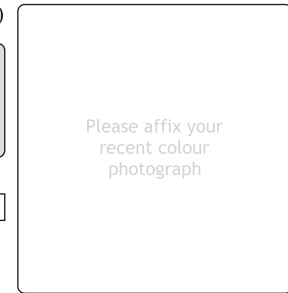


## Form for Change in e-Insurance Account (eIA) Details

(Please fill this form in ENGLISH and in BLOCK LETTERS. Fields marked with asterisk (\*) are compulsory)

**Current Details** (Fields marked with asterisk (\*) are compulsory)

eIA Number*	<input type="text"/>	<div style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;">Signature</div> <p>Please sign in the box</p>
PAN*	<input type="text"/>	
&/or UID	<input type="text"/>	
Name as appears in eIA*	<input type="text"/>	



**Change of eIA Holder Details** (Fields marked with asterisk (\*) are compulsory, if selected)

First Name*	<input type="text"/>				
Middle Name	<input type="text"/>				
Last Name	<input type="text"/>				
Father's/Husband's Name	<input type="text"/>				
Add PAN	<input type="text"/>		or	UID	<input type="text"/>
ID Proof Submitted*	<input type="text"/>				

**Change of Permanent Address** (Fields marked with asterisk (\*) are compulsory, if selected)

Address Line 1*	<input type="text"/>			
Address Line 2	<input type="text"/>			
Address Line 3	<input type="text"/>			
Landmark	<input type="text"/>			
City*	<input type="text"/>			
Pincode*	<input type="text"/>			
State*	<input type="text"/>		Country*	<input type="text"/>
Address Proof Submitted*	<input type="text"/>			

**Change of Correspondence Address** Same as Permanent Y  N  (Fields marked with asterisk (\*) are compulsory, if selected)

Address Line 1*	<input type="text"/>			
Address Line 2	<input type="text"/>			
Address Line 3	<input type="text"/>			
Landmark	<input type="text"/>			
City*	<input type="text"/>			
Pincode*	<input type="text"/>			
State*	<input type="text"/>		Country*	<input type="text"/>
Address Proof Submitted*	<input type="text"/>			

**Change of Bank Details** (Fields marked with asterisk (\*) are compulsory, if selected)

Account Type*	Savings <input type="checkbox"/>	Current <input type="checkbox"/>
Account Number*	<input type="text"/>	
Bank Name*	<input type="text"/>	
Branch Name*	<input type="text"/>	
City*	<input type="text"/>	
MICR Code	<input type="text"/>	IFSC code <input type="text"/>
Cancelled Cheque	<input type="checkbox"/> (Please tick and attach a copy) (Compulsory in case of NEFT)	

§ For list of valid documents, please refer | <https://nir.ndml.in/>

Name of the eIA Holder

Signature

**Note:** The eIA holder is required to present the original KYC documents for verification while submitting the change request form to Approved Person/Insurance companies.

(For office use only)

Approved Person ID:	<input type="text"/>
Date of Receipt of Application:	<input type="text"/>
Insurance Company:	<input type="text"/>

Application No.: