



SHCIL Projects Limited

INSURANCE REPOSITORY

Corporate Office : SHCIL House, Plot No. P-51, T.T.C. Industrial Area, Mahape, Navi Mumbai - 400 710 India.

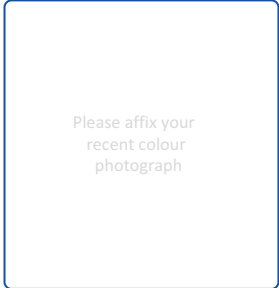
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Email: irsupport@shcilprojects.com | Website: www.shcilir.com | IR Regn. No.: 3

e-Insurance Account (eIA) Opening Form for Individual

(Please fill this form in ENGLISH and in BLOCK LETTERS.

Fields marked with asterisk (*) are compulsory)



Date of Receipt of eIA
(From Applicant)

DDMMYYYY

Type of eIA

Resident Indian NRI

eIA Applicant Details

First Name*, Middle Name, Last Name, Father's/Husband's Name, Gender* (Male, Female, Others), Date of Birth*, DOB Document Submitted*, PAN*, &/or UID, ID Proof Submitted*

Permanent Address

Address Line 1*, Address Line 2, Address Line 3, Landmark, City*, Pincode*, State*, Country*, Address Proof Submitted*

Correspondence Address

Same as above Yes No

Address Line 1*, Address Line 2, Address Line 3, Landmark, City*, Pincode*, State*, Country*, Address Proof Submitted*

Contact Details

Telephone No., Alternate Tel. No., Mobile No.*, Fax No., E-mail ID*, Alternate E-mail ID

Please mention the document code. List of documents and their respective codes is provided in the Annexure | https://www.shcilir.com
\$ For list of valid documents, please refer the Annexure | https://www.shcilir.com

Acknowledgment Slip (For office use only)

eIA No.: [] Approved Person ID: []
Date of Receipt of Application: DDMMYYYY Application No.: []
Insurance Company: Reliance Life Insurance Company Limited
PAN/UID: [] Place: [] SHCIL Br/AP seal & Signature

Bank Details

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"/>	Pincode* <input type="text"/>
MICR Code (Compulsory in case of ECS)	<input type="text"/>	IFSC code <input type="text"/> (Compulsory in case of NEFT) 11 character code appearing on your cheque leaf
Original Cancelled cheque leaf given* <input type="checkbox"/>	(Please tick and attach a copy)	

Authorised Representative Details

First Name*	<input type="text"/>												
Middle Name	<input type="text"/>												
Last Name	<input type="text"/>												
Gender*	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>	Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN	<input type="text"/>			UID	<input type="text"/>								
Relationship with eIA Applicant*	<input type="text"/>												

Address for Correspondence

Same as eIA Applicant: Permanent Correspondence

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"/>					

Contact Details

Telephone No.	<input type="text"/>											
Mobile No.*	<input type="text"/>											
E-mail ID*	<input type="text"/>											

Do you want to notify Authorised Representative about his/her appointment?* Yes No
(If none of the option is selected, it will be considered as YES)

Declaration

The rules and regulations of Insurance Regulatory and Development Authority & Insurance Repository pertaining to an e-Insurance Account which are in force now have been read by me and I have understood the same and I agree to abide by and to be bound by the rules as are in force from time to time for such e-Insurance Account. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with this application are genuine and I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any Notifications, Directions issued by any governmental or statutory authority from time to time. I authorize SHCIL Projects Ltd (SHCILIR) to send any policy and account related information through email and SMS on the contact details given by me. In case of any physical policies being issued by the Insurance Company from whom I obtain an e-policy, the address in the e-Insurance Account shall override the address provided for the physical policies. I understand that all the communication relating to any physical/ e-policy will be sent to the address registered with SHCILIR. I agree to inform SHCILIR of any changes in the details mentioned in this form and in case of delay SHCILIR shall not be liable in case it acts on the said information which has not been updated. Further, in case I update the details with the Insurance Company, I authorise them to submit the same to you for update in the e-Insurance Account and the said update will be applicable to all policies of any insurer that I hold/ will hold in the said account. I authorize SHCILIR to pass on the information to any Insurance Company that I have approached for availing of insurance cover. I further agree that any false / misleading information given by me or suppression of any material fact will render my e-Insurance Account liable for termination and further action.

I hereby authorise SHCILIR / Insurance Company to disclose, share, remit in any form, mode or manner, all / any of the information provided by me to the respective Insurance Companies and / or to their authorised agents and representatives in which I may transact / have transacted including all changes, updates to such information as and when provided by me. I hereby agree to provide any additional information / documentation that may be required by the Authorised Parties, in connection with this application. I hereby confirm that this is a unique e Insurance Account opening application and I have not applied to SHCILIR or any other Insurance Repository for an e-Insurance Account in the past.

I would like to receive my insurance policy and all the information related to the proposed insurance policy through SHCILIR.

Signature of the eIA Holder

Place _____ Date:

e-Insurance for easy access

- Mention the eIA number while buying a new policy
- Open eIA to receive online credit of insurance policy
- Check your eIA details registered with SHCIL IR
- Convert your physical policies to electronic at the earliest
- Check the policy after it is credited to your account
- Avail electronic services and information available through eIA

