



e – INSURANCE ACCOUNT FORM (For Individuals)

(Please fill this form in ENGLISH and in BLOCK LETTERS. Fields marked with asterisk

(*) are compulsory)

Insurance Repository:	NSDL DATABASE MANAGEMENT LIMITED			Paste your recent colour photo (Not mandatory)
	<input checked="" type="checkbox"/> BASIC SERVICES	<input type="checkbox"/> MINIMUM SERVICES	<input type="checkbox"/> PREMIUM SERVICES	
Type of eIA:	NEW			
Application No.:	115974925			
Insurance Co:	MAX LIFE INSURANCE COMPANY LIMITED			
AP Code:				
Employee:				Sign here
PAN Number*:	AVNPJ4699N			
UID Number*:				
Mobile No.* :	9977887336			
Date of Birth*:	24-05-1994			
ID Proof. *:	AS SUBMITTED WITH DOCUMENTS			
Email*:	SHUBHAMJAIN0013@GMAIL.COM			

Applicant Details		
First Name*: SHUBHAM	Middle Name:	Last Name: JAIN
Gender*: MALE	Nationality: <input checked="" type="checkbox"/> Indian <input type="checkbox"/> NRI	
Father / Spouse: SUSHIL KUMAR JAIN		

Correspondence Address			
Address Line 1*:	C-33/3 SHEETAL KUNJ NEAR AASHI MEDICAL		
Address Line 2:	SHAHENSHA GARDEN BHOPAL		
Landmark:	PUNJABI BAGH GURUDHWARA	City*:	BHOPAL
Pin Code*:	462023	State*: MADHYA PRADESH	Country*: INDIA
Address Proof*:	AS SUBMITTED WITH DOCUMENTS		

Policy Details for Electronic Conversion			
Please find here with my Insurance Policy numbers under various Insurance Companies for conversion			
Insurance Company	Policy Number		

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Name: SHUBHAM JAIN

Place: BHOPAL

Date: 05/10/2022

Signature