



e – INSURANCE ACCOUNT FORM (For Individuals)

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

(*) are compulsory)

Insurance Repository:	CAMS REPOSITORY SERVICES 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.:	114649627			
Insurance Co:	MAX LIFE INSURANCE COMPANY LIMITED			
AP Code:				
Employee:				Sign here
PAN Number*:	ASDPD9800C			
UID Number*:				
Mobile No.* :	9842532692			
Date of Birth*:	15-03-1989			
ID Proof. *:	AS SUBMITTED WITH DOCUMENTS			
Email*:	DHINESH15389@GMAIL.COM			

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

Correspondence Address			
Address Line 1*:	3/168, MOTTAYAMPALAYAM, PANNERKUTTHIPALAYAM (POST),		
Address Line 2:	PIRITHI		
Landmark:		City*:	NAMAKKAL
Pin Code*:	637209	State*: TAMIL NADU	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: DHINESH KUMAR
Place: NAMAKKAL
Date: 21/08/2022

Signature