	CAMS Insurance Repository Services Limited	AMSRep
		ance Repository & Services
eINSURANCE ACCOL	UNT FORM (For Individuals)	
Application No.		
Insurance Co.		
AP Code	Employee	
PAN Number*		
UID Number*		
Mobile No.*		Paste your recent color photo (optional)
Date of Birth*	DOB proof*	and Sign.
ID Proof*		
Email*		
Applicant Details	(Please fill this form in ENGLISH and in BLOCK LETTERS. Field marked with asterisk compulsory.)	(*) are
First name*		
Middle Name		
Last Name		
Gender*	Male Female Others Resident India	an NRI*
Father/Spouse		
Correspondence Ad	ldress	
Address Line 1*		
Address Line 2		
LandMark		
City*		
Pin Code*	State* Country*	
Address proof*		
Policy details for el	lectronic conversion	
	lectronic conversion my insurance policy numbers under various insurance companies for conversion.	
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Please find here with Insurance Company	my insurance policy numbers under various insurance companies for conversion.	
Please find here with Insurance Company Name Place	my insurance policy numbers under various insurance companies for conversion. Policy number	

- Safe & conveninet. Ease of maintenance.
 One Time KYC: No KYC repetition when You buy a new policy.

-Self Attested Photocopies of ID proof, Address Proof to be submitted along with eIA Application form.

▲ Access & monitoring of e-polices, value added services www.camsrepository.com, Ph:18002007737