



### Application No

SHCIL IR

Date of Receipt of eIA  
(From Applicant)

### Type of eIA

Indian Resident

NRI

Please sign in the box

*Prakash*

### eIA Applicant Details

First Name\* OM  
 Middle Name PRAKASH  
 Last Name GUPTA  
 Father's/Husband's Name PRAKASH GUPTA  
 Gender\* Male  Female  Others  Date of Birth\* 01 12 1975  
 DOB Document Submitted\* / PAN CARD  
 PAN\* AEOPG0252T &/or UID  
 ID Proof Submitted\* / PAN CARD

### Permanent Address

Address Line 1\* C-201 KAILASH COMPLEX  
 Address Line 2 MG ROAD  
 Address Line 3 DIST-THANE  
 Landmark NEAR CITY HOSPITAL  
 City\* DOMBIVALI  
 Pincode\* 421202  
 State\* MAHARASHTRA Country\* INDIA  
 Address Proof Submitted\* / AADHAR CARD

### Correspondence Address

Same as above Yes  No

Address Line 1\*  
 Address Line 2  
 Address Line 3  
 Landmark  
 City\*  
 Pincode\*  
 State\* Country\*

### Contact Details

Telephone No.  
 Alternate Tel. No.  
 Mobile No.\* 9821725202  
 Fax No.  
 E-mail ID\* om.prakash.gupta@yahoo.co.in  
 Alternate E-mail ID

### Acknowledgment Slip (For office use only)

eIA No.: Approved Person ID:  
 Date of Receipt of Application: Application No.:

\* 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>

**Bank Details**

Account Type\*

Savings Current 

Account Number\*

100000025402

Bank Name\*

ICICI BANK

Branch Name\*

DOMBIVALI

City\*

DOMBIVALI

Pincode\*

421202

MICR Code

400110011

IFSC code

ICIC0025

(Compulsory in case of ECS)

(Compulsory in case of NEFT)

Cancelled Cheque\*



(Please tick and attach a copy)

**Authorised Representative Details**

First Name\*

OM

Middle Name

PRAKASH

Last Name

GUPTA

Gender\*

Male Female Others 

Date of Birth\*

01/12/1975

PAN

AEOPG0252T

UID

Relationship with eIA Applicant\*

/ SELF

**Address for Correspondence**Same as eIA Applicant: Permanent Correspondence 

Address Line 1\*

Address Line 2

Address Line 3

Landmark

City\*

Pincode\*

State\*

Country\*

**Contact Details**

Telephone No.

Mobile No.\*

9821725202

E-mail ID\*

om.praakash.gupta@yahoo.co.in

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 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, 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 a 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 use 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 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 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 authorise 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.

OM PRAKASH GUPTA



eIA Holder

Place MUMBAI

Date:

11/08/2014

**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



SHCIL PROJECTS LTD.

# SHCIL Projects Limited

## INSURANCE REPOSITORY

Corporate Office : SHCIL House, Plot No. P-51, T.T.C. Industrial Area, Mahape, Navi Mumbai - 400 710 India  
Tel.: +91-22-61778751 / 61778737 | Fax No. +91-22-61778727 | Toll Free: 1800 2666 009  
Email: irsupport@shcilprojects.com | Website: www.shcilir.com | IRDA IR Regn. No : 03



### REQUEST FOR CONVERSION OF EXISTING POLICIES INTO e-POLICIES

For Official Use only

Insurer/AP Branch Name: \_\_\_\_\_ Received By: \_\_\_\_\_

Receipt Date & Time: \_\_\_\_\_ Interaction ID: \_\_\_\_\_

To The Manager

Insurance Company Name

(Name Of the eIA Holder) **OM PRAKASH GUPTA**

e-Insurance A/c No.

PAN / UID No. **AEOPG0252T**

**LIC OF INDIA**

Dear Sir,

**Sub: Conversion of my existing policies into e-Policies**

I would request you to convert my below mentioned policies held by me as a proposer into electronic policies. Policies to be converted into e-Policies are

| Sr. No. | Policy Number | Name of the Life Insured | Physical Document Submitted   | Remarks(If any) |
|---------|---------------|--------------------------|---|-----------------|
| 1       | 902567111     | OM PRAKASH GUPTA         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                 |
| 2       |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                 |
| 3       |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                 |
| 4       |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                 |
| 5       |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                 |
| 6       |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                 |
| 7       |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                 |
| 8       |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                 |
| 9       |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                 |
| 10      |               |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                 |

Place **MUMBAI**

Date **11 08 2014**

*G. Gupta* Proposer

### Acknowledgement Slip

Received with thanks from Mr. / Ms. \_\_\_\_\_ PAN/UID No. \_\_\_\_\_

a request for conversion of existing policies into e-Policies

Place \_\_\_\_\_

Date \_\_\_\_\_

Insurer / AP Seal & Signature

For further queries please contact

Toll Free No. 1800 2666 009

www.shcilir.com

irsupport@shcilprojects.com