

Request for Dematerialization of Policy

(For Office Use Only)

Received at Branch: _____ PC _____

Branch Stamp

Branch Inward Number & Date of Inward
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Name, Sign and Emp Id of receiving officer
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(Please tick as Applicable) New Policy Conversion of Existing Policy

Already have an eInsurance Account (eIA)? Yes No

If Yes, Please provide eIA No :

If No, Please submit eIA Opening Form along with self attested Identity and Address Proof along with other Mandatory Documents as prescribed by IRDA

Indicate the Insurance Repository with which you have/wish to open an EIA (Please tick only One)

1. NSDL Database Management Ltd 2. Central Insurance Repository Ltd
3. KARVY Insurance Repository Ltd
4. CAMS Repository Services Ltd

Full Name of Proposer/Policyholder: _____

DETAILS OF KYC DOCUMENTS SUBMITTED TO INSURANCE REPOSITORY

Proof of Identity: PAN Card PAN No :

(Please tick as applicable)

Aadhar Card Aadhar No :

Proof of Address: _____

Mobile Number*: +91 _____

Alternate Contact Number: _____

email ID*: _____

Request for Dematerialization of Policy

Customer ID:

(For existing customers only)

I wish to convert the following proposals/policy/ies into dematerialized form:

Prop/Policy

Prop/Policy

Prop/Policy

Prop/Policy

Prop/Policy

Prop/Policy

Undertaking cum Declaration

- 1) I hereby understand and agree that no physical policy document will be issued to me, as I have requested for issuing the insurance policy in electronic form.
- 2) I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository
- 3) Post conversion of my Insurance Policies into Dematerialized Form, I agree to receive all future communication about my policy/ies in electronic form through email/SMS/telephone calls etc from SBI Life.
- 4) I am ready to pay the necessary charges as prescribed by SBI Life Insurance from time to time in case I wish to convert my electronic policy into physical policy.
- 5) I agree and undertake to inform Insurance Repository regarding any change in my address (either correspondence or permanent or both).
- 6) I also understand and agree that physical policy document, if issued to me earlier by SBI Life, will stand cancelled and policy details as available in my eIA maintained with Insurance Repository shall be final and binding on me.
- 7) I understand and agree that dematerialization of my insurance policies shall always be subject to the relevant IRDA guidelines, as amended from time to time.

Date : __/__/____

Place : _____

Signature of Proposer/Policyholder
