



NSDL Database Management Limited

### Form for Change in e-Insurance Account (eIA) Details

(Please fill this form in ENGLISH and in BLOCK LETTERS. Fields marked with asterisk (\*) are compulsory)

**Current Details** (Fields marked with asterisk (\*) are compulsory)

eIA Number\*

PAN\*

&/or UID

Name as appears in eIA\*

Signature

Please sign in the box

Please affix your recent colour photograph

**Change of eIA Holder Details** (Fields marked with asterisk (\*) are compulsory, if selected)

First Name\*

Middle Name

Last Name

Father's/Husband's Name

Add PAN  or UID

ID Proof Submitted\*

**Change of Permanent Address** (Fields marked with asterisk (\*) are compulsory, if selected)

Address Line 1\*

Address Line 2

Address Line 3

Landmark

City\*

Pincode\*

State\*  Country\*

Address Proof Submitted\*

**Change of Correspondence Address** Same as Permanent Y  N  (Fields marked with asterisk (\*) are compulsory, if selected)

Address Line 1\*

Address Line 2

Address Line 3

Landmark

City\*

Pincode\*

State\*  Country\*

Address Proof Submitted\*

**Change of Bank Details** (Fields marked with asterisk (\*) are compulsory, if selected)

Account Type\* Savings  Current

Account Number\*

Bank Name\*

Branch Name\*

City\*

MICR Code  IFSC code

Cancelled Cheque  (Please tick and attach a copy) (Compulsory in case of NEFT)

§ For list of valid documents, please refer | <https://nir.ndml.in/>

Name of the eIA Holder

Signature

Note: The eIA holder is required to present the original KYC documents for verification while submitting the change request form to Approved Person/Insurance companies.

(For office use only)

Approved Person ID:

Date of Receipt of Application:  Application No.:

Insurance Company: