AXIS MAX LIFE INSURANCE

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 recentcolour photo (Not mandatory)
	☑ BASIC SERVICES ☐ MINIMUM SERVICES ☐ PREMIUM SERVICES	
Type of eIA:	NEW	
Application No.:	197050958	
Insurance Co:	AXIS MAX LIFE INSURANCE LIMITED	
AP Code:		
Employee:	SALARIED	
PAN Number*:		Sign here
UID Number*:		
Mobile No.* :	500000000	
Date of Birth*:	02-03-1981	
ID Proof. *:	AS SUBMITTED WITH DOCUMENTS	
Email*:	SHIVANI.SHARMA11@AXISMAXLIFE.COM	

Applicant Details		
First Name*: ADITI	**Middle Name:**	**Last Name:** SINGH
Gender*: MALE	**Nationality:** ☐ Indian ☑ NRI ☐ PIO	
Father / Spouse: HY KJ		

Correspondence Address			
Address Line 1*:	11		
Address Line 2:	SEC22		
Landmark:		**City*:**	DUBAI
Pin Code*:	0000000 **State*:** UAE	**Country*:** UAE	
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**	

Name: ADITI SINGH

Place: DUBAI

Date: 17/07/2026

Signature