Request for conversion of existing policies into e Policies				
For No. of policy docu		AP/Insurer Sea t Signature	l	
Only				
			Place	
The Manager			Date DD/MA	N / Y Y Y Y
The Manager Insurance co.				
	Ilisul alic	e co.		
PAN/Aadhar No				
Dear Sir / Madam,				
Sub: Conversion of my existing policies	into e Policies			
e IA available - e IA No				
e IA not available. My preferred Repository is				
CAMSRep CIRL	KARV	Y IR	NDML	SHCIL Project
I request you to convert my below ment				3.10.2.1.0.3
2		6		
3		7		
4		8		
Regards				
Signature*				
(*) mandatory fields				
First Name *				
Address*				
			PIN Code*	
City*			Mobile No.*	
Encl: Filled e IA application	n with sub-docs (If e l	A not available	e) Policy docume	ents
Acknowledgement Slip				
Received with thanks from Mr. / Ms				
PAN / Aadhar No a request for conversion of existing policies into e Policies along				
with policy document(s) and sub-docs for e IA opening (Check box if applicable)				
Place Date D D / M M / Y Y Y Y		AP/Insurer Sea & Signature	al	