FORM IA

APPLICATION FOR APPOINTMENT TO ACT AS AN INSURANCE AGENT (with a Life Insurer <u>OR</u> General Insurer <u>OR</u> Health Insurer)

TO ------ (Name of the Insurance Company), ------,

DEAR SIRS,

I request that Appointment to act as an insurance agent of your insurance company may be granted to me.

I hereby declare that particulars given below are true and that the APPOINTMENT for which I apply will be used only by myself for soliciting or procuring insurance business for your Insurance Company

(1) Name:

- (2) Title: State 1 if are Mr., 2 Mrs., 3 Miss: []
- (4) Full Address:

| House No | |
|-----------|----------|
| Street | |
| Town | |
| District | |
| State | |
| Pin Code | |
| Mobile No | Email id |

(5) Date of Birth: Day- Month-Year [][]-[][]-[][][][] Attach Age proof

(6) Educational Qualifications. (Tick the right Box) (Attach self attestedcertificate)

| Class X | Class XII | Graduate | Post Graduate | Others |
|---------|-----------|----------|---------------|--------|
| | | | | |

(7) PAN CARD Number _____ (attach self attested copy of the PAN CARD)

(8) Particulars of pass in pre-recruitment test conducted by the Insurance Institute of India or any examination body:

| Name of Examination Body: | |
|---------------------------|-------------------|
| Candidate's Name: | |
| Candidate's Number: | |
| Centre of Examination | |
| Name of the Exam passed | |
| Date of Passing | (Day- Month-Year) |

(9) Furnish the details of any insurance agency in force or ever hold by the applicant:

| Name of the Insurer | Agency code Number | Date of Appointment as agent | Date of cessation of Agency | Reason for cessation of agency |
|------------------------|-----------------------|------------------------------------|-----------------------------------|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*Please attach Agency cessation letter issued by the insurer

10: Details of other insurance related activities undertaken, if any :_____

- 11. I declare that----
- (a) I have not been found to be of unsound mind by a court of competent jurisdiction;
- (b) I have not been found guilty of criminal misappropriation or criminal breach of trust or cheating or forgery or an abetment of or attempt to commit any such offence by a court of competent jurisdiction;
- (c) I have not been found guilty of or to have knowingly participated in or connived at any fraud, dishonestly or mis-representation against an insurer or an insured.

Place

Yours faithfully,

Date:

Signature of applicant

Notes and Instructions

- 1. The application should be filled in Hindi or English language.
- 2. Any correction or alteration made in any answer to the questions in the application should be initialled by the applicant.
- 3. An applicant must be at least 18 years of age on the date of the application. The applicant shall furnish proof of age.
- 4. An applicant shall furnish the proof of pass in the pre-recruitment exam conducted by the Insurance Institute of India, Mumbai or an examination body approved by the Insurance Regulatory and Development Authority of India.