

FORM I-A

APPLICATION FOR APPOINTMENT TO ACT AS AN INSURANCE AGENT

(With a Life Insurer OR General Insurer OR Health Insurer)

TO  
 \_\_\_\_\_  
 (Name of the Insurer),  
 \_\_\_\_\_,  
 \_\_\_\_\_

Paste self attested passport Size Photograph

DEAR SIR,

I request that Appointment to act as an insurance agent of your organisation 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 Organisation

(1) Name:

(2) Title: State 1 if Mr., 2 Mrs., 3 Miss:

(3) Father's/Husband's Name

(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-attested certificate)

Class X	Class XII	Graduate	Post Graduate	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(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

## Sponsorship Form

*All fields marked in \* are mandatory.*

Sponsorer Company Name: \_\_\_\_\_  
 In Charge / Authorized Person Name \_\_\_\_\_  
 License Type Individual Corporate \_\_\_\_\_ Individual  
 Insurance Category Life General \* \_\_\_\_\_ Life / General  
 Is Specified Person ? \_\_\_\_\_ Yes / No      If Yes, License No.: \_\_\_\_\_

<b>Applicant Details:</b> Application Date (dd MMM yyyy) * _____  <b>Personal Information:</b> Applicant Name * _____ Mr. /Ms. /Mrs. /Dr. _____ Father/Husband Name * _____ Category * _____ General / SC / ST / OBC Area * _____ Urban / Rural PAN _____ Driving License No _____ Passport No _____ Voter Identity Card * _____ Photo ID Card of Govt. _____	Applicant Photo *          Applicant Signature * 
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Basic Qualification Detail \* \_\_\_\_\_ Class X / Class XII  
 Board Name \* \_\_\_\_\_  
 Roll Number \* \_\_\_\_\_  
 Year of Passing \* \_\_\_\_\_  
 Educational Qual. \* \_\_\_\_\_

Any of Below:

- Class X
- Class XII
- Graduate
- Post Graduate
- Associate / Fellow of Insurance Institute of India
- Associate / Fellow of Institute of Chartered Accountants of India
- Associate / Fellow of Institute of Costs and Works Accountants of India
- Associate / Fellow of Institute of Company Secretaries of India
- Associate / Fellow of Actuarial Society of India
- Master of Business Administration
- Others : \_\_\_\_\_

Date Of Birth (dd MMM yyyy) \* \_\_\_\_\_  
 Sex \* \_\_\_\_\_ Male / Female  
 Primary Profession \* \_\_\_\_\_  
 Nationality \* \_\_\_\_\_

<b>Contact Information:</b> Current Address: House Number * _____ Street / Road * _____ Town / City * _____ State * _____ District * _____ PIN Code * _____	Permanent Address: House Number * _____ Street / Road * _____ Town / City * _____ State * _____ District * _____ PIN Code * _____
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Phone No. \_\_\_\_\_  
 Mobile No. \_\_\_\_\_  
 E-mail ID \_\_\_\_\_

**Other Information:**  
 Insurer Ref. No. \* \_\_\_\_\_

**Applicant Training Details:**

Training Mode \*

Online / Offline

ATI Location \*

Training Institute Name \*

Accreditation Number \*

**Applicant Examination Details:**

Examination Mode \*

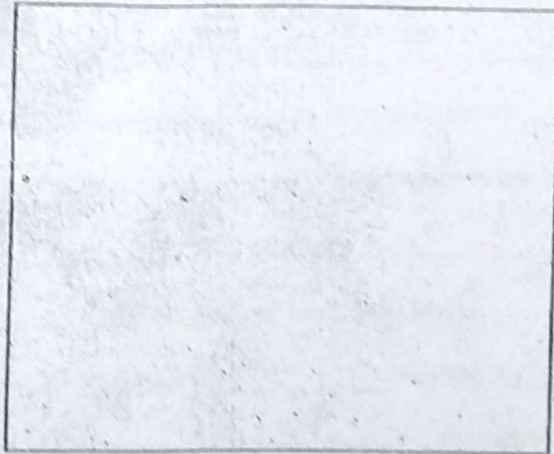
Online / Offline

Examination Body \*

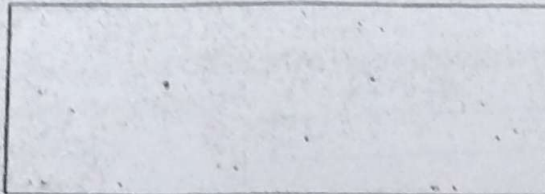
Examination Center \*

Examination Language \*

**Photograph:**  
(Passport Size)



**Signature:**





ANNEXURE 1

M.R. No. \_\_\_\_\_ Date: \_\_\_\_\_ BRANCH OFFICE: \_\_\_\_\_

Amount : \_\_\_\_\_ Registration No. \_\_\_\_\_

**ANNEXURE TO APPLICATION FOR APPOINTMENT TO ACT AS AN INSURANCE AGENT**  
(Grant of agency will be subject to the provisions of Insurance Regulatory and Development Authority of India Guidelines for Appointment of Insurance Agents, 2015 )

1)(a) Name: Mr./Mrs./Miss \_\_\_\_\_

( In Block letters, Surname First)

(b) Nationality : \_\_\_\_\_ (c) Sex : M/F (d) Category : Gen/SC/ST/OBC

(e) Marital Status: Married/Unmarried/Widow/Widower/Divorcee

(f) What has been your usual state of health: \_\_\_\_\_

(g) Do you have any bodily defect of deformity, if so give details: \_\_\_\_\_

(2) Bank Account Details : (a) Nature of account \_\_\_\_\_ (b) Name of Bank \_\_\_\_\_

(c) Account No. \_\_\_\_\_ (d) IFS Code \_\_\_\_\_

(Enclose cancelled cheque leaf/First page of Bank Pass Book)

(3) Phone No. Land Line with STDCode \_\_\_\_\_ Mobile No. \_\_\_\_\_

Do you wish to receive communications through SMS on the above mobile number ? Y/N

(4) E mail ID : \_\_\_\_\_

Do you wish to receive communications through email on the above e mail id? Y/N

(5) Whether sponsored by a Development Officer/CLIA : Yes/No

(6) If sponsored by a Development Officer/CLIA then following details to be furnished:

(a) Name of Development Officer/CLIA \_\_\_\_\_

(b) His/her code number \_\_\_\_\_

(c) His/her Branch Office \_\_\_\_\_

(d) His /her Divisional Office \_\_\_\_\_

(7) Are you related to any of the Corporation's:

- (a) Existing Employees (Development Officers, Officers on Administrative or Development side, Staff Members) (b) Ex-employees \_\_\_\_\_ (c) Existing Agents \_\_\_\_\_  
(d) Ex-agents \_\_\_\_\_ (e) Medical examiner \_\_\_\_\_ OR (f) Are you an employee of a Medical Examiner? \_\_\_\_\_  
If your answer is 'YES' to any of the above please give the following particulars about his/her applicable :

Name \_\_\_\_\_ Designation \_\_\_\_\_ Relationship with you \_\_\_\_\_ Agency Code No. \_\_\_\_\_ Officer under which he/she works \_\_\_\_\_ Date of cessation of Agency \_\_\_\_\_ Name of the Development Officer: \_\_\_\_\_ Code No. \_\_\_\_\_

(8) Is your spouse in the service of State/Central Government/Public sector Undertaking, including Town Municipality, Municipal Corporation, Zilla Parishad, Gram Panchayat, etc? : Yes/No

If yes, No objection certificate from employer is required.

What is your Guardian's/Husband's/Wife's Occupation : \_\_\_\_\_

State his/her Office Address : \_\_\_\_\_

(9) (a) What is your present occupation? \_\_\_\_\_

(b) If in employment, state full name and address of employer and nature of employment. \_\_\_\_\_

(c) Whether permission to take agency is required. Yes/No.

If Yes, whether same has been taken.

(d) Have you ever been adjudicated insolvent, applied for insolvency or compounded with your creditors?

(10) Are you having or had at any time an agency doing General Insurance business/Unit Trust of India/Public Provident Fund or in any other Investment/Chit Company?

If so, (a) Name of the Organisation \_\_\_\_\_

(b) Address \_\_\_\_\_ (c) Your code number if any \_\_\_\_\_

(11) Have you ever held a licence, state Number and Date of Expiry \_\_\_\_\_ otherwise say 'NIL'.

(12) If the applicant holds a certificate to act as a principal Agent and/or a Chief Agent and or a Special Agent, state No. and Date of expiry of the certificate or certificates held ; if no certificate is held, say 'NIL' ; if any such certificates has been applied for, state the date of the application.

(13) (a) Give details of your past business experience \_\_\_\_\_

(b) State your personal environments, special facilities or business or personal connections you have or on which you depend or count upon for influencing business.

\_\_\_\_\_

(14) Nominee: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

In the event of cessation of my agency due to any reason whatsoever, I shall return my Appointment letter and I card to the Branch to which I am attached.

I agree to abide by the terms and conditions as laid down in various Regulations and Acts governing Life Insurance agency.

I do hereby declare that the foregoing statements and answers are to the best of my knowledge and belief, true and complete and they shall be the basis of contract of the agency between me and the Life Insurance Corporation of India and that if the foregoing statements or answers are untrue or incomplete the said contract shall stand automatically terminated from the date on which such knowledge comes to the Corporation.

I hereby confirm that this Agency Application has been completed by me in my own handwriting.

Date \_\_\_\_\_

\_\_\_\_\_

Place \_\_\_\_\_

**Signature of the Applicant**

Signed in my presence

\_\_\_\_\_

**(Signature of Witness)**

**Name, Designation and Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REPORT OF THE DEVELOPMENT OFFICER**

1) (a) Is the applicant related to

i) Yourself?

ii) Any other employee of the Corporation?

iii) Medical Examiner?

iv) Any existing or ex-agent of the Corporation within the area of the Division

( Write 'Yes' or 'No' )

b) If the answer to any of the question under (a) is 'Yes' , please give following further information about the person to whom the applicant is related.

Name: \_\_\_\_\_ Designation : \_\_\_\_\_

Territory: \_\_\_\_\_ Relationship: \_\_\_\_\_

(c) Is the applicant employed with a Medical examiner of the Corporation? Yes/No

If 'Yes' give details of the the Medical Examiner \_\_\_\_\_

(d) Whether any other family member is working as Agent with any other insurer? Yes/No

If 'Yes' specify \_\_\_\_\_

2) Are you satisfied that the applicant would be able to absorb the Agency Training and conduct the Agent on his/her own? \_\_\_\_\_

3)(a) Will the applicant work for the Corporation (i) Full time or (ii)Part-time? \_\_\_\_\_

(b) If part time, in what other business or activities is he engaged and what is the nature of his duties? \_\_\_\_\_

(c)What is his approximate income from other business according to your information? \_\_\_\_\_

(4) Place or area in which the applicant will do business \_\_\_\_\_

(5) Was he ever in the insurance trade, directly or indirectly ? \_\_\_\_\_

(6) Source from which application was secured \_\_\_\_\_

(7) How long do you know the applicant personally? \_\_\_\_\_

(8) Give particulars of apparent bodily defect or deformity \_\_\_\_\_

(9) Any other particulars such as education, social background, character, financial stability ,etc. \_\_\_\_\_

I do hereby declare that the foregoing statements and answers have been given after due enquiries and are to the best of my knowledge and belief true and complete.

\_\_\_\_\_  
(SIGNATURE OF DEV.OFFICER/CLIA)

Place: \_\_\_\_\_

Date : \_\_\_\_\_

Name: \_\_\_\_\_

Code No: \_\_\_\_\_



Preliminary Interviews by Sr./Branch Manger

(1) Are you satisfied that the applicant is not related to the Development Officer, any employee of the Corporation , any Medical Examiner and /or another agent or Ex-Agent?

\_\_\_\_\_

(2) Do you think, in your judgement the applicant would be able to absorb agency training and conduct the agency on his/her own?

\_\_\_\_\_

(3) Any other remarks / observation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Sr./ Branch Manager

Branch \_\_\_\_\_

\_\_\_\_\_  
Interview by the Appointing Authority on : \_\_\_\_\_

Remarks :

Signature of the Appointing Authority

Designated official

(Marketing Manager )

List of documents submitted ( Please Indicate by tick mark)- (For New Agents)

**1.Age Proof ( Only standard Age Proof to be submitted):**

1.Matriculation Certificate

2.Passport

3.Birth Certificate

4. Any other ( specify)

**2.Qualification Proof**

1.Matriculation Certificate No.

2. HSC No.

3 .Degree Certificate

4. Any other ( specify)

**3.Address Proof**

1.Aadhar Card

2. Ration Card

3.Voters Id

4.Any other ( specify)

**4. PAN Card**

**5. Bank Account Details**

1. Cancelled cheque leaf **OR**

2. First page of Bank pass book/Bank statement

**Signature**