

(See Regulation 3)
Insurance Regulatory and Development Authority (Licencing of Insurance Agent)
Regulations, 2000

**APPLICATION FOR LICENCE/RENEWAL OF LICENCE TO ACT AS AN
INSURANCE AGENT**

Please fill in the following details.

- 01) Name
- 02) Father's/Husband's Name
- 03) Full Address
 - House Number
 - Street
 - Town
 - State
 - District Please select in Preview
 - Pin Code
 - Telephone Number
 - E-mail
- 04) [Date Of Birth](#)
- 05) Title Mr Mrs Miss
- 06) Licence Details
 - (a) Licence Number
 - (b) [Date of Application Received](#)
- 07) Application for Licence to work **General Insurer**
for
- 08) The Applicant belongs to Rural Urban
- 09) Education Qualifications Class X
Class XII
Graduate
Post Graduate
Others (Professional qualification such as
ACA, FASI, AICWA)
- 10) Test Details
 - Particulars of pass in pre-requirement test conducted by the insurance
institure of India or any other examination body
 - (a) Name of the examination
body
 - (b) Candidates Number
 - (c) Center (Place) of
examination
 - (d) [Date of passing](#)
- 11) Training Details
 - Give the particulars of practical training completed from an approved

institution

(a) Training hours completed

(b) Name of the training

institute

(c) Candidate's Number

(d) Center (Place) of training

(e) [Starting date of training](#)

12) Payment Details

Furnish the payment particulars of application charges

(a) Amount

(b) Transaction Password