# FORM I-A

**APPLICATIONFORAPPOINTMENT TO ACT AS AN INSURANCE AGENT**

**(With a Life Insurer OR General Insurer OR Health Insurer OR Mono-line Insurer)**

TO

Paste self-attested passport

Size Photograph

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(Name of the Insurer),

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DEAR SIRS,

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 procuring insurance business for your Insurance Organisation

(1)Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

(2)Title: State1 if Mr.,2 Mrs., 3 Miss: [ ]

(3)Father's/Husband's Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

1. Full Address:

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

1. Date of Birth: Day-Month-Year [ ][ ]-[ ][ ]-[ ][ ][ ][ ]Attach Age proof
2. Educational Qualifications.(Tick the right Box) (Attach self-attested certificate)

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

1. PAN CARD Number (attach self-attested copy of the PAN CARD)
2. 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) |

\*In case above details are not available with any applicant who holds a license prior to 01.04.2015,they may furnish any document evidencing his license and activity as agent with any of the insurer/s.

1. 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----

1. I have not been found to be of unsound mind by a court of competent jurisdiction;
2. 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;
3. 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 initialed by the applicant.
3. An applicant must be at least 18 years and above 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 an examination body duly recognized by the Insurance Regulatory and Development Authority of India.
5. The following document should be attached with the application
   1. Age Proof
   2. Educational Qualifications
   3. Proof of pass in the agency examination as mentioned above
   4. Copy of PAN Card
   5. Address proof to the satisfaction of the insurer

# FORMI-B

**APPLICATION OF AN EXISTING INSURANCE AGENT FOR APPOINTMENT TO ACT AS COMPOSITE INSURANCE AGENT WITH ANOTHER INSURER ( LIFE OR GENREAL OR HEALTH INSURANCE OR MONO-LINE INSURANCE)**

**NAME OF INSURANCE AGENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DETAILS OF THEI NSURANCE AGENCY HELD (Past & Present)** | | | | |
| Name of the Insurer | Agency code Number | Date of Appointment as agent | Date of cessation of Agency | Reason for cessation of agency |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Note | If Agency is currently in-force with an insurer mention “INFORCE” in the column‘ Date of cessation of Agency | | | |

**COMPOSITE IN SURANCE AGENCY APPOINTMENT now being sought with**

|  |  |
| --- | --- |
| Life Insurer |  |
| General Insurer |  |
| Health Insurer |  |
| Mono-Line Insurer |  |
| \*\*Mention name of the Insurer in the Box above | |

Note:

1. No person shall act as an insurance agent for more than one life insurer, one general insurer, one health insurer and one of each of mono-line insurers
2. Any person who acts as an insurance agent in contravention of the provisions of this Act ,shall be liable to a penalty which may extend to ten thousand rupees
3. Attach Separate Application Form for each of the Insurance Organisation with whom you seek to obtain Appointment and submit all the Application Forms to your current insurer only.

# APPLICATIONFOR APPOINTMENT TO ACT AS AN INSURANCE AGENT

**(With a Life Insurer OR General Insurer OR Health Insurer OR Mono-line insurer)**

TO

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Paste self attested passport

Size Photograph

(Name of the Insurer),

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DEAR SIRS,

I request that Appointment to act as an insurance agent of your insurance 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 or soliciting or procuring insurance business for your Insurance Organisation

(1)Name: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

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

(3)Father's/Husband's Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ]

1. Full Address:

|  |  |
| --- | --- |
| House No. |  |
| Street |  |
| Town |  |
| District |  |
| State |  |
| Pin Code |  |
| Mobile No. |  |

1. Date of Birth: Day-Month-Year [ ][ ]-[ ][ ]-[ ][ ][ ][ ] Attach Age proof
2. Educational Qualifications.(Tick the right Box)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Class X | Class XII | Graduate | Post Graduate | Other |
|  |  |  |  |  |
|  |  |  |  |  |

1. PAN CARD Number­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(attach Attested copy of the PAN CARD)
2. Give particulars of pass in pre-recruitment test conducted by the Insurance Institute of India or any examination body.

|  |  |  |
| --- | --- | --- |
| Name of the Examination body: |  | |
| Candidate’s Name: |  | |
| Candidate’s Number: |  | |
| Centre of Examination: |  | |
| Name of the Exam passed: |  |  |
| Date of Passing |  | (Day-Month-Year) |
| Note | Attach Certificate issued by the examining body | |

\*In case above details are not available with any candidate who hold a license prior to 01.04.2015, they may furnish any document evidencing his license and activity as agent with any of the insurer/s.

1. I declare that……………
2. I have not been found to be of unsound mind by a court of competent jurisdiction.
3. 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.
4. 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.
5. I have not violated the Code of Conduct specified under Regulation 8 of the Insurance Regulatory and Development Authority of India (Appointment of Insurance agents) Regulations, 2016.

Place Yours faithfully,

Date: Signature of applicant

**Notes and Instructions**

1. The application should be filled in, as far as possible, in Hindi language 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. If required the applicant shall furnish proof of age.
4. An applicant shall furnish the proof of pass in the Insurance examination conducted by the Insurance Institute of India, Mumbai or an examination body recongnised by the Insurance Regulatoy and Development Authority of India, along with the application.
5. The following documents should be attached with the application (a) Age Proof (b) Educational Qualifications (c) Proof of pass in the agency examination as mentioned above (d) Copy of Pan Card (e) Address proof to the satisfaction of the Insurer (f) Cessation Certificate if any, that is held by the Agent.