

FORM I - A
APPLICATION FOR APPOINTMENT TO ACT AS AN INSURANCE AGENT

To, LIFE INSURANCE CORPORATION OF INDIA

BRANCH-

Paste self
attested
passport
size
Photograph

DEAR SIR / MADAM,

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 LIFE INSURANCE CORPORATION OF INDIA

- [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 or deformity, if so give details: _____

[2] Father's/Husband's Name:

[3] Full Address :

House No. :	
Street :	
Town :	
District :	
State :	
Pin Code :	
Mobile No. :	Email Id: _____

[4] Date of Birth:

 Attach self attested Age Proof: _____

[5] Educational Qualifications. [Tick the right Box][Attach self-attested certificate]

Class X	Class XII	Graduate	Post Graduate	Others

[6] PAN CARD Number _____ (attach self-attested copy of the PAN CARD)

[7] 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 :	
Center of Examination & Language :	
Name of the Exam Passed :	
Date of Passing :	(Day - Month - Year)

[8] Furnish the details of any insurance agency in force or ever held 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 issued by the insurer.

- [9] Details of other insurance related activities undertaken, if any _____
- [10] 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 misrepresentation against an insurer or an insured.
- (d) I have not violated the Code of Conduct specified under Clause 7 of the IRDA (Appointment of Insurance agents) Guideline, 2015.

Place : Yours faithfully

Date : Signature of applicant : _____

Verified by : Signature of Branch I/C : _____

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 _____
- (2) Bank Account Details:
 (a) Nature of account _____
 (b) Name of Bank _____
 (c) Account No. _____ (d) IFS Code _____ (e) MICR NO _____
 (Enclose cancelled cheque leaf/First page of Bank Pass Book)
- (3) Phone No. Land Line with STD Code _____ Mobile No. _____
- (4) Email ID : _____
- (5) Whether sponsored by a Development Officer/CLIA / Chief Organiser : Yes/No
- (6) If sponsored by a Development Officer/ CLIA/Chief Organiser then following details to be furnished:
 (a) Name of Development Officer/CLIA/Chief Organiser _____
 (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 Member)
 (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
 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) (a) What is your Guardian's/Husband's/Wife's occupation: _____
 State his/her office address: _____
 (b) 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.
- (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? Yes/No
 If yes give details

- (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) Does the applicant hold a certificate to act as a principal Agent and / or a Chief Agent and or a Special Agent -Yes/No
 If yes give number _____ and date of expiry _____. If any such certificate has been applied for state the date of the application. _____
- (12) (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. _____
- (13) Nominee: _____ Relationship: _____ Age: _____

Declaration

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.

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.

Date _____

Place _____

Signed in my presence _____

Signature of the Applicant _____

(Signature of Witness) _____

Name, Designation and Address _____

REPORT OF THE SPONSORER

- 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 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 Agency on his/her own? Yes/No _____
- 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 THE SPONSORER

Place: _____

Name: _____

Date: _____

Code No: _____

Preliminary Interviews by Chief/Sr./Branch Manager

- (1) Are you satisfied that the applicant is not related to the Development Officer, any employee of the Corporation, a 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? Yes/No
- (3) Any other remarks / observation _____

Date:

Signature of the Chief/Sr./Branch Manager

Branch _____

Interview by the Appointing Authority on: _____

Remarks:

Signature of the Appointing Authority
Designated official
(Branch in charge)

List of document 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
 2. HSC Certificate
 3. Degree Certificate
 4. Any other (specify)
3. Address Proof
 1. Aadhar Card
 2. Ration Card
 3. Voter Id
 4. Driving license
 5. Any other (specify)
4. PAN Card
5. Bank Account Details
 1. Cancelled cheque leaf OR
 2. First page of Bank pass book/Bank Statement
6. Training Certificate
7. Copy of M.R. paid in cash counter

Signature

TYPE	MANUAL TRAINING	ONLINE TRAINING	M. R. NO	DATE	AMOUNT
NEW AGENCY					

Notes and Instructions

- a) The application should be filled in Hindi or English language.
- b) Any correction or alteration made in any answer to the question in the application should be initialled by the applicant.
- c) An applicant must be atleast 18 years and above of age as on date of application.