

(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.



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 /CLIA

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: _____

Name: _____

Date : _____

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

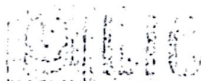
- 1.Aadhar Card
2. Ration Card
- 3.Voters Id
- 4.Any other (specify)

4. PAN Card

5. Bank Account Details

1. Cancelled cheque leaf **OR**
2. First page of Bank pass book/Bank statement

Signature of the Agent



LIC OF INDIA

The Sr./Branch Manager,
LIC of India,
Branch Office,
Bhimnagar

Sir,

Re: Group Insurance Scheme for Agents

I hereby authorize LIC OF INDIA to deduct premium from my commission bill/s towards Group Insurance Scheme after becoming eligible for the scheme and I am aware that this scheme is compulsory in nature

Date _____

For _____

Place _____

(Signature of Agent)