FORM -I-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 THE INSURANCE AGENCY HELD (Past & Present)					
Name of the	Agency code	Date of	Date of cessation	Reason for	
Insurer	Number	Appointment	of Agency	cessation of	
		as agent		agency	
Note	If Agency is currently in-force with an insurer mention "INFORCE" in the column 'Date of cessation of Agency				
Column Date of cessation of Agency					

COMPOSITE INSURANCE AGENCY APPOINTMENT now being sought with

Life Insurance Company			
General Insurance Company			
Health Insurance Company			
Other Mono-Line Insurance Company			
** Mention name of the Insurance company in the Box above			

Note:

- (i) 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 other mono-line insurers
- (ii) 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
- (iii) Attach Separate Application Form for each of the Insurance Company with whom you seek to obtain Appointment and submit all the Application Forms to your current insurer only.

APPLICATION FOR APPOINTMENT TO ACT AS AN INSURANCE AGENT (with a Life Insurer OR General Insurer OR Health Insurer) for the FIRST TIME.

TO

----- (Name of the Insurance Company),

-----,

DEAR SIRS,

I request that Appointment to act as an insurance agent of your insurance company 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 Company

(8) Give particulars of pass in pre-recruitment test conducted by the Insurance Institute of India

	1	
Name of 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	

9. I declare that----

or any examination body:

- 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

- a) The application should be filled in, as far as possible, in Hindi language or English language.
- b) Any correction or alteration made in any answer to the questions in the application should be initialled by the applicant.
- c) 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.
- d) An applicant shall furnish the proof of pass in the Insurance examination conducted by the Insurance Institute of India, Mumbai or an examination body approved by the Insurance Regulatory and Development Authority of India, along with the application.

(3) Father's/Husband's Name

(4) Full Address:

House No	
Street	
Town	
District	
State	
Pin Code	
Mobile No	

(5) Date of Birth: Day- Month-Year [][]-[][]-[][][][] Attach Age proof

(6) Educational Qualifications. (Tick the right Box)

Class X	Class XII	Graduate	Post Graduate	Other

(7) PAN CARD Number _____ (attach Attested copy of the PAN CARD)

Note to the Insurer:

- (1) The applicant should be provided with an acknowledgment for the receipt of the Agency Application form
- (2) The details in the application form should be verified with the data available with the insurer and the application form with due authentication should be forwarded to the insurer with whom the applicant is seeking Agency within 15 days of the receipt of the application form from the applicant. A copy of the forwarding letter should be sent to the applicant for his records.
- (3) The designated official of the Insurer should ensure that under no circumstances, there is a delay in forwarding the application form to the concerned insurer.
- (4) The applicant shall ascertain from the Insurer to whom he has submitted the Agency Application form or from the insurers with whom he is seeking Agency Appointment on the status of the Agency application submitted by him.