



## APPLICATION FOR APPOINTMENT TO ACT AS AN INSURANCE AGENT

To,

Life Insurance Corporation of India,  
Delhi Divisional Office - III,  
Janak Puri, New Delhi - 110058.

Paste  
Self  
Attested  
Passport  
Size  
Photograph

Dear Sir,

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 your Insurance Organisation.

(1) Name: \_\_\_\_\_

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

(3) Father's/Husband's Name \_\_\_\_\_

(4) Full Address:

House No			
Street			
Town			
District			
State			
Pin Code			
Mobile No		Email id	

(5) Date of Birth: Day- Month-Year \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Attach Age proof)

(6) Educational Qualifications. (Tick the right Box) (Attach self attested certificate)

Class X	Class XII	Graduate	Post Graduate	Others

(7) PAN CARD Number \_\_\_\_\_ (attach self attested copy of the PAN CARD)

(8) Particulars of passing 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)
Note - Attach Certificate issued by the Examining Body		

(9) 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 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 misrepresentation against an insurer or an insured.
- (d) I have not violated the Code of Conduct specified under clause 7 of the IRDAI (Appointment of Insurance agent) Guidelines, 2015

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 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 documents should be attached with the application.
  - a) Age Proof
  - b) Education 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.



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 or 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 STD Code \_\_\_\_\_ Mobile No. \_\_\_\_\_

Do you wish to receive communications through SMS on the above mobile number ? Y/N

(4) Email 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 him/her.

Name	
Designation	
Relationship with you	
Agency Code No.	
Officer Under which he/ she work	
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 Panchayet 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'.



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LIFE INSURANCE CORPORATION OF INDIA

(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 facts come to the knowledge of 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**List of documents submitted (Please indicate by tick mark)  
(To be Self Attested by the Applicant)**

**1. Age Proof ( Only standard Age Proof to be submitted, any one of the following):**

- (i) Matriculation Certificate
- (ii) Passport
- (iii) Birth Certificate
- (iv) Any other ( specify)

**2. Qualification Proof (Any one)**

- (i) Matriculation Certificate
- (ii) HSC
- (iii) Degree Certificate
- (iv) Any other ( specify)

**3. Address Proof (Any one)**

- (i) Aadhar Card
- (ii) Ration Card
- (iii) Voter Id
- (iv) Any other (specify)

**4. PAN Card**

**5. Bank Account Details (Any one)**

- (i) Cancelled cheque leaf
- (ii) First page of Bank pass book/Bank statement

Signature of Applicant

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? \_\_\_\_\_

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.

Place: \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF DEV. OFFICER/CLIA)

Name: \_\_\_\_\_

Code No: \_\_\_\_\_



**Preliminary Interview by Chief /Sr. / Branch Manager**

(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?

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(2) Do you think, in your judgement the applicant would be able to absorb agency training and conduct the agency on his/her own?

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(3) Any other remarks / observation

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Date of interview: \_\_\_\_\_

Signature of the Chief / Sr. / Branch Manager

Branch \_\_\_\_\_

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