



## KOLKATA SUBURBAN DIVISIONAL OFFICE

INDIVIDUAL AGENTS

Registration No. ....

Kindly affix  
Applicant's photograph  
and sign here

## APPLICATION FOR AGENCY

Divisional Office : ..... Branch Office : .....

(To be filled in applicant's own handwriting only)

- Note : 1. It is essential that fullest possible details should be given in reply to the questions. Incorrect or insufficient information may result in the application being rejected.
2. Grant of agency will be subject to the provision of Insurance Regulatory and Development Authority (Licence of Insurance Agents) Regulation) 2000

1. a) Name .....  
(In Block Letters, Surname first)

b) Father's/Husband's Name .....

c) Sex : M/F d) Category : Gen/SC/ST/OBC e) DOB :

f) Marital Status : Married/Unmarried/Widow/Widower/Divorcee :

g) Nationality :

2. Address (In Block Letters)

a) Present :

b) Permanent :

3. Tel. No.	Fax No.	E-mail Add :	Mobile :

4. Qualification

a) Academic (10th/12th/Graduate/Post Graduate)

Degree	University/ Board	Year of Passing	Grade/ % age

\*If you reside in a place with a population of 5000 and more the minimum education qualification is 12th standard. For population less than 5000, it is standard.

b) Technical (MBA/CA/III/CWA/ICS/ASI) :

Degree	University/ Board	Year of Passing	Grade/ % age

c) Language Known :

Speak	Write	Read

i. ....

ii. ....

iii. ....

iv. ....

5. Whether sponsored by a Development Officer Yes/No.

6. If sponsored by a Development Officer then the following details be furnished :
- |                                    |          |
|------------------------------------|----------|
| a) Name of the Development Officer | a) ..... |
| b) His/her Code Number             | b) ..... |
| c) His/her Branch Office           | c) ..... |
| d) His/her Divisional Office       | d) ..... |

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 about him/her applicable :

Name .....

Designation .....

Relationship with you .....

Agency Code No. .... Office under which he/she works.....

Date of cessation of Agency.....

8. If your spouse in the service of State/Central government/Public Sector Undertaking, including Town Municipality, Municipal Corporation, Zilla Parishad, Gram Panchayat etc? YES/NO

9. a) What is your present occupation? a) .....
- b) If in employment, state full name and address of employer and nature of employment b) .....
- c) Whether permission to take agency required? c) Yes/No  
If Yes, whether same has been taken.
- d) Have you ever been adjudicated insolvent applied for insolvency of compounded with your creditors? d) .....

- 10) Are you having or had at any time and agency doing General Insurance business Unit Trust of India/Public Provident Fund or in any other Investment/Chit Company? If so.
- a) Name of Organisation a) .....
- b) Address b) .....
- c) Your Code Number, if any c) .....

- 11) a) Have you at any time represented the Life Insurance Corporation of India or any other insurer doing Life Insurance Business as its agent? If so please give a) .....
- b) Year of Agency b) .....
- c) Period c) .....
- d) Office d) .....
- e) reason for termination e) .....
- f) Year of Termination f) .....
- g) Have you ever served LIC as an employee if yes, please give details g) .....

12. Give names and address of two responsible person (not relative or employees of the Corporation) for the purpose of reference.
- i) .....
- ii) .....

13. Have you ever held a licence state Number and Date of Expiry otherwise say 'NIL'
14. 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 been applied for state the date of the application.
15. If you do not held a current valid licence, state the date of your licence application
16. 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.
17. Has any application made by you for any agency been rejected by any Insurance Co. or the Corporation?
18. Has any appointment of yours, as an Insurance Agent been cancelled or suspended by any Insurance Company or the Corporation?
19. a) State the territory where you intend to represent the Corporation?  
b) Are you taking up the agency as a whole time job or as part-time work? If part-time how many hours on an average can you devote daily to insurance salesmanship?
20. State the amount of life business you expect to complete every year. How much you expect and plan to earn as Commission.....
21. Reason for your spouse not taking up the Agency.....
22. Other information about yourself which you would like to share such as any awards, recognition you have get earlier

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 statement and answers are to the best of my knowledge and belief, true and complete and that they shall be the basis of contract of the agency between me and the Life Insurance Corporation of India and that if any of the foregoing statements or answers are untrue or incomplete the said contract shall stand automatically terminated from the date of which such knowledge comes to the corporation.

I hereby confirm that this Application has been completed by me in my own handwriting.

Date : .....

Place : .....

Signature of the Applicant

**Check List :**

You have to attach the following with the application form

1. Photographs with your signature Staple - Two, Affix - One
2. Proof of Age (Birth Certificate/Passport/Ration Card/Voters ID Card/Driving Licence)
3. Proof of Educational Qualification (10th/12th/Graduate/Post Graduate/Technical)

**For Office use only :**

Application received on..... Agency Type R/U documents Checked : Yes/N0

Recommended training : 50 hrs/100 hrs.

Authorised by : ..... Date.....

Acknowledge in form A sent on..... Initial.....

Form B sent on..... Initial.....

From : Branch Manager,

To Shri/Smt.....

LIC of India

Dear Sir/Madam,

Re : Your Application for Agency

We are in receipt of your application dated.....The same has been registered under no.....

Through we shall inform you directly, you are requested to keep in touch with the office and the Development Officer, Shri.....to learn about the pre-licencing training and examination.

We wish you all success

Yours faithfully,

C. C. to : Shri/Smt.....

Sr./Branch Manager

Development Officers/B.O.....



## Sponsorship Form

All fields marked in \* are mandatory.

Sponsorer Company Name: \_\_\_\_\_  
In Charge / Authorized Person Name \_\_\_\_\_  
License Type Individual Corporate Individual  
Insurance Category Life General \* Life / General  
Is Specified Person ? Yes / No If Yes, License No.: \_\_\_\_\_

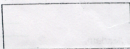
### Applicant Details:

### Applicant Photo



Application Date (dd MMM yyyy) \* \_\_\_\_\_  
Personal Information:  
Applicant Name \* Mr. /Ms. /Mrs. /Dr. \_\_\_\_\_  
Father/Husband Name \* \_\_\_\_\_  
Category \* General / SC / ST / OBC  
Area \* Urban / Rural  
PAN \_\_\_\_\_  
Driving License No \_\_\_\_\_  
Passport No \_\_\_\_\_  
Voter Identity Card \* \_\_\_\_\_  
Photo ID Card of Govt. \_\_\_\_\_

### Applicant Signature



### Basic Qualification Detail \* Class X / Class XII

Board Name \* \_\_\_\_\_

Roll Number \* \_\_\_\_\_

Year of Passing \* \_\_\_\_\_

Educational Qual. \* Any of Below:

Class X

Class XII

Graduate

Post Graduate

Associate / Fellow of Insurance Institute of India

Associate / Fellow of Institute of Chartered Accountants of India

Associate / Fellow of Institute of Costs and Works Accountants of India

Associate / Fellow of Institute of Company Secretaries of India

Associate / Fellow of Actuarial Society of India

Master of Business Administration

Others : \_\_\_\_\_

Date Of Birth (dd MMM yyyy) \* \_\_\_\_\_

Sex \* Male / Female

Primary Profession \* \_\_\_\_\_

Nationality \* \_\_\_\_\_

**Contact Information:**

Current Address: Permanent Address:

House Number \* \_\_\_\_\_ House Number \*

Street / Road \* \_\_\_\_\_ Street / Road \*

Town / City \* \_\_\_\_\_ Town / City \* \_\_\_\_\_

State \* \_\_\_\_\_ State \* \_\_\_\_\_

District \* \_\_\_\_\_ District \* \_\_\_\_\_

PIN Code \* \_\_\_\_\_ PIN Code \* \_\_\_\_\_

Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail ID \_\_\_\_\_

**Other Information:**

Insurer Ref. No. \* \_\_\_\_\_

**Applicant Training Details:**

Training Mode \* Online / Offline

ATI Location \* \_\_\_\_\_

Training Institute Name \* \_\_\_\_\_

Accreditation Number \* \_\_\_\_\_

**Applicant Examination Details:**

Examination Mode \* Online / Offline

Examination Body \* \_\_\_\_\_

Examination Center \* \_\_\_\_\_

Examination Language \* \_\_\_\_\_

ANNEXURE 2

Division Name : Kolkata Suburban Divisional Office

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

Name of the Candidate : \_\_\_\_\_

(In case of renewal, name of agent)

Unique reference number : \_\_\_\_\_

(For new cases)

Agency Code : \_\_\_\_\_

Licence Number : \_\_\_\_\_

Photograph:  
(Passport Size)



Signature:

\_\_\_\_\_



भारतक वैमिर्ताप्रम कर्मचरिभार अफ इन्डिया  
 भारतीय जीवन बीमा निगम  
 Life Insurance Corporation of India

Kolkata Suburban Divisional Office  
 D D-5, Sector-1, Salt Lake City, Kolkata-700 064

## FORM OF NOMINATION

I .....an insurance agent of the Life Insurance Corporation of India ( hereinafter called "the Corporation" ) attached to the..... office do hereby Nominate and appoint under sub section (2) of Section 44 of the Insurance Act 1938 the person whose name is hereafter set out to receive, in the event of my death, the amounts that may become payable by the Corporation from time to time in terms of sub-section (2) of Section 44 of the Insurance Act, 1938 towards renewal commission in respect of business canvassed by me and direct that such commission shall be payable after my death to such person whose receipt shall be a full and sufficient discharge to the Corporation. In case the said nominee shall die after my death without recovering all the instalments of renewal commission, then I appoint the person whose name is set out as the alternate nominee, to receive the said commission payments.

Name and designation of the nominee	Address of the nominee	Age and relationship (if any) of the nominee (if an individual)
1)	—	—
Name of alternate nominee	—	or in the case of death of the above

Signed at.....this.....day of.....200

Witness : Signature (In English)

Full Name.....

Signature of Agent

Designation.....

Address.....

( please see instructions below )

## INSTRUCTIONS

1. A notice in writing should accompany this nomination.
2. The agent must fill in the blank spaces in the nomination form. He should affix his Signature to the nomination in the presence of a witness. If the agent be not conversant with English, he should sign the nomination before an English-knowing witness and the witness should certify as follows :

"Certified that the contents of the above nomination have been explained by me to the agent.....in vernacular and that he affixed his signature thereto in my presence, after thoroughly understanding the same."

Signature.....

Full Name.....

Designation.....

Address.....



Sales - 1900

3. Immediately after a nomination has been made, it should be sent to the Divisional Office of the Corporation to which the agent is attached for registration of the nomination. A nomination will not be effective unless it is communicated to and registered by the Corporation.
4. In registering a nomination or a notice thereof, the Corporation makes no admission and expresses no opinion whatever as to its validity or effect, it being understood that the parties satisfy themselves as to the form of nomination and all other points relating to the nomination before sending it to the office for registration.
5. In registering a nomination, the Corporation does not admit liability for payment of renewal commission in the event of death of the agent. The liability of the Corporation for payment of renewal commission in the event of death of the agent would be determined purely by the fact whether or not the agent had become qualified under Section 44 (b) or (c) of the Insurance Act 1938 immediately prior to his death.