

Application No.

Date of Issue

D

D

M

M

Y

Y

Y

Y

Valid up to

D

D

M

M

Y

Y

Y

Y

A. Approved Person Details

Please tick the appropriate option below. For others, please provide the details

☐

Corporate Agent

☐

Insurance Broker

☐

Others

Please provide the license details in the below table.

S. No.	License Number	Issue Date	Valid up to

Name of the Organization

Registered Office Address

Address Line 1 *

Address Line 2

Address Line 3

Landmark

City

Pin Code State Country

Correspondence Address

Address Line 1

Address Line 2

Address Line 3

Landmark

City

Pin Code State Country

Contact Details

Contact Person

Landline No. Direct No.

Fax No.

Alternate Email

B. Incorporation Details

Please fill the below table with the details of Incorporation and commencement of the business:

S. No.	Company Name	Date of Incorporation	Place of Incorporation	Date of Commencement of Business

Note: Please enclose certificate of incorporation, memorandum and articles of association or statutory provisions, if any

Please provide the details of the activities carried out by your organization in India and overseas

S. No.	Details of Activities Carried Out	Activities in India	Activities Overseas

Please provide the details of your “affiliates” in the below table

S. No.	Name	Location	Activities	Registration Number	Date of Issue	Valid up to

Please provide the details of your “subsidiaries” in the below table

S. No.	Name	Location	Activities	Registration Number	Date of Issue	Valid up to

C. Registration Details

Please provide the details of “IRDA” in the below table

S. No.	Registration Number	License Number	Date of Issue	Valid up to

Please indicate if IRDA has imposed any penalties ☐ Yes ☐ No

Please fill the below table with the details of penalties imposed by IRDA.

S. No.	Penalty Date	Penalty Amount	Reason for Penalty

Please indicate if you come under the regulatory ambit of any other regulatory authority and mention the name of the ministry that supervises its activities ☐ Yes ☐ No.

Please fill the below table with the details

S. No.	Name of the Authority	Supervising Ministry

Please mention any penalties levied by any statutory authority (Income Tax, Service Tax Authorities) in the last preceding five financial years.

☐ Yes

☐ No

S. No.	Name of the Authority	Penalty Date	Penalty Amount	Reason for Penalty

D. Paid-up Capital Details

Please provide the details of "Paid-Up capital" in the below table for the last 3 Financial Years

S. No.	Paid-up Capital (in Rs. Lac)	Latest Audited Year

E. Key Personnel Details

Please provide the following details regarding employees involved in activities as Approved Person.

S. No.	Name of the Employee	Designation	Email ID	Contact Number

Please provide the details of the Key Personnel in the below table

S. No.	Name of the Employee	Designation	Email ID	Contact Number

Please provide the Organization Structure in the below table:

S. No.	Name of the Employee	Designation	Email ID	Contact Number

Note: Please enclose Organization chart

Due Diligence: Please provide your comments on the due diligence carried out by the IR, if any in the below box

Affidavit: Please provide your comments on the copy of the affidavit filed by the AP, if any.

(Copy of affidavit filed by the AP is enclosed)

F. Checklist of Documents to be Enclosed

Please provide the following details regarding employees involved in activities as Approved Person.

S. No.	Documents to be Enclosed	Please Tick
1	Certificate of incorporation, memorandum and articles of association or statutory provisions, if any.	
2	Photocopy of IRDA Registration	
3	Photocopy of IRDA License	
4	Photocopy of License of any Authorities you have listed in the Authorities table.	
5	Organization Chart of Key Personnel	
6	Employment Proof of the employees chosen for the Approved Persons Position	

Declaration

We / I hereby agree and declare that the information provided in the application, including the enclosures and additional details as part of the application is complete and correct. I / We further agree that, notification will be made to the IRDA immediately on any change in the information provided in the application submitted for approval of appointing as Approved Person.

We / I also confirm that before submitting the application a due diligence is carried out by the I R and satisfied as to the eligibility of the AP to be appointed for discharging the duties and functions as outlined in the Regulations / Guidelines.

We / I also agree to notify IRDA any deviations / violations committed by the Approved Person as and when the same is to the notice of the I R.

I / We further agree that I / We shall comply with, and be bound by the guidelines and notifications including the circulars issued by the Insurance Regulatory and Development Authority from time to time.

For and on behalf of.....
(Name of the applicant)

Authorized Signatory.....
(Name)

.....
(Signature)

Place

Date

D

D

M

M

Y

Y

Y

Y

Undertaking by Insurance Repository

I / We hereby agree and declare that the information provided in the application, including the enclosures and additional details as part of the application is complete and correct.

I / We further agree that I / We shall comply with, and be bound by the guidelines and notifications including the circulars issued by the Insurance Regulatory and Development Authority from time to time.

For and on behalf of.....
(Name of the Insurance Repository)

Authorized Signatory..... (Name)
..... (Signature)

Place

Date

D	D	M	M	Y	Y	Y	Y
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