

AGENCY MANAGER DETAILS

Name: _____

[illegible][illegible]

Paste color
photograph*

MANDATORY REQUIREMENT: ANY CORRECTION/CANCELLATION / OVERWRITING ON FORM
NEEDS TO BE ATTESTED BY THE APPLICANT

All fields marked in * are mandatory.

Applicant Signature*

Title*:	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Gender*:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth*:	:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	Marital Status*:	Married <input type="checkbox"/>	Single <input type="checkbox"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>		Others <input type="checkbox"/>	<input type="text"/>
Applicant Name:	<input type="text"/>						
Father's Name*:	<input type="text"/>						
Husband Name:	<input type="text"/>						
Category*:	General <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/>	Area*:	Urban <input type="checkbox"/>	Rural <input type="checkbox"/>
PAN*:	<input type="text"/>				Aadhaar No.:	<input type="text"/>	
GST No.:	<input type="text"/>						
Educational Qual.* (✓ any one):	Class X <input type="checkbox"/>	Class XII <input type="checkbox"/>	Graduate <input type="checkbox"/>	Post Graduate <input type="checkbox"/>			
Primary Profession*:	<input type="text"/>				Nationality*:	<input type="text"/>	

Current Address*	:	House No.*:	<input type="text"/>	Street/Road*:	<input type="text"/>
		City/Town*:	<input type="text"/>	District*:	<input type="text"/>
		State*:	<input type="text"/>	Pin Code*:	<input type="text"/>
Permanent Address*	:	House No.*:	<input type="text"/>	Street/Road*:	<input type="text"/>
		City/Town*:	<input type="text"/>	District*:	<input type="text"/>
		State*:	<input type="text"/>	Pin Code*:	<input type="text"/>
Phone No.:	<input type="text"/>	Mobile No.*:	<input type="text"/>		
E-mail ID*:	<input type="text"/>				

Exam Centre:	Language:
FEE DETAILS:	
Cash <input type="checkbox"/>	
DD: <input type="checkbox"/> DD No.:	Cash / DD Amount:
DD Issue Date:	DD Issue Bank Name:

Relationship:	Father <input type="checkbox"/>	Spouse <input type="checkbox"/>	Son <input type="checkbox"/>	Mother <input type="checkbox"/>	Daughter <input type="checkbox"/>																				
Nominee Name:	<input type="text"/>																				Age:	<input type="text"/>			
Address:	<input type="text"/>																								
Share Percentage:	<input type="text"/>																								
Payment Mode:	<input type="text"/>																								
Payee Name:	<input type="text"/>																								
Bank Name:	<input type="text"/>																								
Bank Branch Name:	<input type="text"/>																								
Bank Account No.:	<input type="text"/>																								

5. OCCUPATION DETAILS:

Present Occupation: Self Employed ☐ Student ☐ Others ☐ Govt. Employed ☐ Private Service ☐ Housewife ☐ Retired ☐

I further 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 in the course of any judicial proceeding relating to any policy of insurance or the winding up of an insurance company or in the course of an investigation of the affairs of an insurer; and

(d) I have not violated the Code of Conduct specified under Regulation 8 of Insurance Regulatory and Development Authority (and Guidelines on Appointment of Insurance Agents, 2015) Regulations, 2000.

I hereby confirm all the mandatory documents as required by ManipalCigna health insurance for the application of Individual appointment

☐ PAN card ☐ Address Proof ☐ Education Proof ☐ Personalized Cancelled Cheque / Bank Statement

IRDA Form (Any one):-

☐ Form IA (For Fresh case) ☐ Form IB (For Composite i.e Life or General case) ☐ Form IC (Transfer case)

Yours Faithfully,

Place:

Date:

Signature of Applicant

Pehla Kadam Training Date - _____ Trainer/Agency Manager/ DBM/Branch Manager Signature - _____

NEFT / EFT MANDATE FORM

Dear Sir / Madam,

I request you to kindly credit fee amount directly to my account as per the bank details given below

Bank A/C Holder Name: _____

Bank Name: _____

Bank Branch Name: _____

Bank Account No.: _____

Branch IFSC Code: _____

We are enclosing cancelled cheque along with this mandate form.

Thanking You,

(Agent Name & Signature)