# SCHEDULE - 1

[Refer Regulation 5 (1)]

**FORM – A**

# APPLICATION FOR GRANT OF CERTIFICATE OF REGISTRATON AS AN IWA

**Instructions for filling up the form:**

1. Applicants must submit a duly completed application form together with supporting documents to the Authority.
2. Information which needs to be supplied in more details may be given on separate sheets which should be attached to the application form.

# PARTICULARS OF THE APPLICANT

* 1. Name of the Applicant:
  2. Address – Principal Place of business / Registered Office.

|  |  |
| --- | --- |
|  | |
|  | |
|  | |
| Pin/Zip Code | Email |
| Tel No | Fax No |

* 1. Address for Correspondence:

|  |  |
| --- | --- |
|  | |
|  | |
|  | |
| Pin/Zip Code | Email |
| Tel No | Fax No |

* 1. Name of the Principal Officer (to be updated as and when there is any change)

|  |  |
| --- | --- |
|  |  |

# ORGANISATION – STRUCTURE

# 2.1 Status of the Applicant:

(e.g. Limited Company-Private/Public, LLP, others. If listed, names of Stock Exchanges and latest share price to be given)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the company** | **Status** | **Date of**  **Incorporation DD-MM-YYYY** | **Place of Incorporation** | **Name of stock**  **exchanges where listed** |
|  |  |  |  |  |

# 2.2 Scope of business as described in the Memorandum of Association or equivalent document.

(To be given along with copy of Memorandum and Articles of Association).

2.3 Details of shareholders holding 5% or more shares (directly or along with associate as on:

|  |  |  |
| --- | --- | --- |
| **Name of shareholder** | **No of Shares held** | **% of total paid up capital of the company** |
|  |  |  |

2.4 Particulars of all Directors / Designated Partners (in case of LLP) –

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Designation/ Position** | **Qualification** | **% of Share in**  **Applicant company** | **Directorship in**  **other Companies** | **DIN No.** | **PAN/**  **Aadhaar No.** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

2.5 Name and activities of associate companies/concerns

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Company/ Concern** | **Address** | **Type of activity handled** | **Nature of Interest of Promoter / Director** | **Nature and Interest of Applicant company** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Whether any one or more persons of the associate companies/ concern are interested in the Applicant’s business?

2.6 Name and Address of the Principal bankers of the Applicant:

2.7 Name and address of the statutory auditors:

# BUSINESS INFORMATION:-

* 1. Three years business plan document with projected volume of activities and income for which Certificate of registration is sought has to be attached with this application.
  2. Organization Chart separately showing functional responsibilities to be enclosed
  3. Particulars of KMP

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Designation/ Position** | **Qualification** | **Insurance related experience** | **Date of Appointment** | **Functional Areas** | **PAN/**  **Aadhaar No or other equivalent documents.** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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* 1. Particulars of Websites proposed / used for the IWA business: (Proof of Registration of Domain Name to be attached)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S No.** | **Website (Domain**  **name) Address** | **Primary /Secondary /**  **Category Specific** | **Place of Hosting of**  **Web server** | **Name & address of the vendor**  **hosting the website** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. Any other information considered relevant to the nature of services rendered by the Applicant:

# FINANCIAL INFORMATION

**Capital Structure**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S No.** | **Capital** | **Current Year** | **Previous Year** | **Preceding Year to Previous year** |
| **Mention Year** | **Mention Year** | **Mention Year** |
|  |  |  |
| 1 | Authorized Capital (A) |  |  |  |
| 2 | Issued Capital (B) |  |  |  |
| 3 | Paid Up Capital (C) |  |  |  |
| 4 | Free Reserves (Excluding Revaluation Reserves) (D) |  |  |  |
| 5 | Total (C+D) |  |  |  |
| 6 | Net-worth |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S No. | Particulars | Current Year | Previous Year | Preceding Year to Previous year |
| Mention Year | Mention Year | Mention Year |
| Rs in Lakhs | Rs in Lakhs | Rs in Lakhs |
| 1 | Fixed Assets |  |  |  |
| 2 | Plant & Machinery |  |  |  |
| 3 | Office Equipment |  |  |  |
| 4 | Quoted Investments |  |  |  |
| 5 | Unquoted Investments |  |  |  |
| 6 | Details of Liquid Assets |  |  |  |
| 7 | Others |  |  |  |

**Note:** Please enclose three years audited annual accounts. If minimum capital requirement has been met after last audited annual accounts, audited statement of accounts for the period ending on a later date should also be submitted.

# OTHER INFORMATION

* 1. Details of all settled and pending disputes: (Attach separate sheet and give full information in the format shown below)

|  |  |  |
| --- | --- | --- |
| **Nature of Dispute** | **Name of party** | **Pending/ settled** |
|  |  |  |

\*\* Attach sheet if required

* 1. Details of any economic offences by the Applicant or any of the Directors, Chief Executive or Managing Director or Principal Officer or Key Managerial Personnel in the last three years, if any

For and on behalf of Applicant For and on behalf of Applicant

(Signature and Name of (Signature and Name of

Authorised Representative) Authorized Representative)

Place:

Date:

**Application for Permission for Insurance Telemarketing/Insurance Outsourcing work**

* 1. Name of the Applicant:
  2. Certificate of registration No.:
  3. Validity Period: From To
  4. TRAI Registration No.: \_
  5. Validity Period: From To
  6. List of Authorised Verifiers:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Qualification** | **Sponsoring Entity** | **Certificate No.** | **Valid Till** | **PAN/ Aadhaar No.** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Attach additional chart if required.

* 1. Any other information which the Applicant feel necessary for processing of application.

# DECLARATION

THIS DECLARATION IS TO BE SIGNED BY TWO OF THE DIRECTORS / DESIGNATED PARTNERS

I/We hereby apply for Certificate of registration to undertake Insurance Tele-Marketing / Insurance Outsourcing work relating to insurance.

I/We state that I/We have truthfully and fully answered the questions above and provided all the information which might reasonably be considered relevant for the purposes of my/our Certificate of registration.

I/We declare that the information supplied in the application form is complete and correct.

I/We undertake that I/We shall not allow or offer to allow, either directly or indirectly, as an inducement to any person, any rebate of the whole or part of the remuneration earned by me/us during the Certificate of registration period.

For and on behalf of Applicant For and on behalf of Applicant

(Signature and Name of Authorized (Signature & Name of Authorized

Representative) Representative)

Designation Designation

Place:

Date: