ManipalCigna Health Insurance Company Limited
(Formerly known as CignaTTK Health Insurance Company Limited)
OR Nearest ManipalCigna Branch.
401/402, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai - 400063. IRDAI Registration No. 151.
Call (Toll Free): 1800-102-4462 Visit: www.manipalcigna.com E-mail: servicesupport@manipalcigna.com



APPLICATION TO ACT AS AN INSURANCE AGENT

AGENCY MANAGER DETAILS			
Name:			
DMS CODE:		Paste color photograph*	
Branch:			
MANDATORY REQUIREMENT: ANY CORRECTION/CANCELLATION / OVERWRITING ON FORM NEEDS TO BE ATTESTED BY THE APPLICANT. All fields marked in * are mandatory.		Applicant Signature*	
I. AGENT DETAILS:			
Title*: Mr. Mrs. Dr. Gender*:	Male Fema	le	
Date of Birth*: : DD MM YYYY Marital Status*: Married	Single Others	s	
Applicant Name: FIRST NAME* MIDDLE	NAMELL	ASTNAM	E *
Father's Name*: FIRST NAME* MIDDLE NAME LAST NAME*			
Husband Name: FIRST NAME* MIDDLE NAME LAST NAME*			
Category*: General SC ST OBC Area*: Urban Rural			
PAN*: Aadhaar No.:			
GST No.:			
Educational Qual.* (✓ any one): Class X Class XII Graduate Post Graduate			
Primary Profession*: Nationality*:			
2. CONTACT INFORMATION*:			
2. CONTACT INFORMATION .			
Current Address* : House No.*: Street/Road*:			
City/Town*: District*:			
State*: Pin Code*:			
Permanent Address* : House No.*: Street/Road*			
City/Town*: District*: Pin Code*:			
Phone No.: Mobile No.*:			
E-mail ID*:			
	_		
3. APPLICANT EXAMINATION DETAILS: (Mandatory only for Fresh Application)	7		
Exam Centre: Language:			
FEE DETAILS: Cash DD: DD No.: Cash / D	D Amount:		
DD Issue Date: DD MM YYYY DD Issue Bank Name:			
I. NOMINEE DETAILS:			
R. NOMINEE DETAILS:			
Relationship: Father Spouse Son Mother D	aughter		
Nominee Name:		Age	e:
Address:			
Share Percentage: Payment Mode:			
Payee Name:			++
Bank Name:			
Bank Branch Name:			
Bank Account No :			

5. OCCUPATION DETAILS: Present Occupation: Self Employed Student Others Govt. Employed Private Service Housewife 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, Signature of Applicant Trainer/Agency Manager/ DBM/Branch Manager Signature - _ Pehla Kadam Training Date - _ 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)