

LIFE INSURANCE CORPORATION OF INDIA

BRANCH NO _____

To,
The Senior Divisional Manager,
Mumbai Division I.

Date :

Respected Sir,

Ref : Reinstatement of Agency – My agency Code no. _____

I request you to kindly reinstate my agency which is terminated with effect from _____, my

Appointment serial number is _____ and is in force up to _____

I could not complete MBG (Give Reason _____)

Further I declare that, neither myself nor my spouse (if married) is/are employed in either STATE / CENTRAL GOVERNMENT OFFICE or PUBLIC SECTOR UNDERTAKING

Thanking you,

Signature of Agent

Name of the Agent & Code No. _____

Recommendation of Development Officer _____

Signature of Development Officer

Name of Development Officer & D.O. code : _____

Business In hand

| Sr.No | BOC No. | BOC Date | Amt of BOC | Name |
|-------|---------|----------|------------|------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Reinstatement on attachment

- a) If an agent remains terminated for more than 12 months, whether another Development officer has motivated him/her to be reinstated : YES/NO
- b) If YES, whether Declaration obtained from Agent : YES/NO

DECLARATION FOR REINSTATEMENT ON ATTACHMENT

I _____ do hereby declare that
Shri/Smt. _____ the Development Officer to
Branch _____ under _____ Division has motivated me to reinstate my agency and
Has provided all necessary support and help for the same.

Hence, my agency may be attached to the organization of

Shri/Smt. _____

Signature of the Declarant

Development Officer Declaration

I _____ DO code _____ do hereby
declare that Shri/Smt. _____ Agency code _____
I motivated him to Reinstatement /Re-appointment under my organization.

Dev. officer signature with seal

REINSTATEMENT

Branch Code No. _____

Reinstatement :- 1st / 2nd / 3rd / 4th / _____

(To be filled by branch office enclosing agency status report and attested copy of Form no. 4502)

1. Name of the Agent _____
2. Agency Code No _____ Appointment Date _____
3. Appointment Serial Number and Date of expiry _____
4. Termination date & Reason _____
5. Whether any relative of the Agent has agency with Private Insurer ?
6. Do you feel the agency appears to be BENAMI one ?
7. Particulars of Business during each Agency Year since date of appointment.
(Kindly mention FYPI from 07/2009 onwards)

| Agency Year | No. of Lives | SA/FYPI (In lacs) | Date of Termination | No. of occasions (1 st , 2 nd , 3 rd and 4 th) | Date of Reinstatement | Competent Authority |
|-------------|--------------|-------------------|---------------------|---|-----------------------|---------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Recommendations Of CM/SBM/BM _____

Date :- _____

Signature of CM/SBM/BM _____

(To be filled by Divisional Office) _____

| | | | |
|---|------------------|-----------------|---------------------|
| Reinstatement within 1 st - 5 years | Before 12 months | 12 to 24 months | Competent authority |
| 1 st / 2 nd / 3 rd /Occasion | | | |

| | | | |
|--|------------------|-----------------|---------------------|
| Reinstatement after 5 years | Before 12 months | 12 to 24 months | Competent authority |
| 1 st / 2 nd /3 rd /Occasion | | | |

Whether Reappointment (More than 24 months):- YES/NO

Reinstatement :-

Agency Year :- _____ We may reinstate the agency.

H.G.A. _____ A.A.O. (Sales)

Manager (Sales)

Marketing Manager

Sr. Divisional Manager