
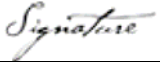


Sponsorship Form

*All fields marked in * are mandatory.*

Sponsorer Company Name: _____
 In Charge / Authorized Person Name _____
 License Type Individual Corporate Corporate
 Insurance Category Life General * Life / General
 Is Specified Person ? Yes / No If Yes, License No.: _____

<p>Applicant Details: Application Date (dd MMM yyyy) * _____</p> <p>Firm/Company Information: Firm/Company Name * _____ Father/Husband Name * _____ Area * Urban / Rural PAN _____ Driving License No _____ Passport No _____ Voter Identity Card * _____ Photo ID Card of Govt. _____</p>	<p style="text-align: center;">Applicant Photo*</p> <div style="text-align: center;">  </div> <p style="text-align: center;">Applicant Signature*</p> <div style="text-align: center;">  </div>
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Primary Profession * _____
 Nationality * _____

Contact Information:
 House Number * _____
 Street / Road * _____
 Town / City * _____
 State * _____
 District * _____
 PIN Code * _____

Phone No. _____
 Mobile No. _____
 E-mail ID _____

Firm/Company Members:

†Select the member who will appear for the training.

	†	Name	Father/Husband	Designation	Educational Qualification	Address	Date of Birth
CIE>							

Other Information:
 Insurer Ref. No. * _____

Applicant Training Details:
 Training Mode * Online / Offline
 ATI Location * _____
 Training Institute Name * _____
 Accreditation Number * _____

Applicant Examination Details:

Examination Mode *

Online / Offline

Examination Body *

Examination Center *

Examination Language *
