

FORM -I-B (Composite License)

APPLICATION OF AN EXISTING INSURANCE AGENT FOR APPOINTMENT TO ACT AS COMPOSITE INSURANCE AGENT WITH ANOTHER INSURER (LIFE OR GENERAL OR HEALTH INSURANCE or MONO -LINE INSURANCE)

NAME OF INSURANCE AGENT _____

DETAILS OF THE INSURANCE AGENCY HELD (Past & Present)				
Name of the Insurer	Agency code Number	Date of Appointment as agent	Date of cessation of Agency	Reason for cessation of agency
Note	If Agency is currently in-force with an insurer mention "INFORCE" in the column "Date of cessation of Agency"			

COMPOSITE INSURANCE AGENCY APPOINTMENT now being sought with

Life Insurance Company	
General Insurance Company	
Health Insurance Company	
Other Mono-Line Insurance Company	
** Mention name of the Insurance company in the Box above	

Note:

- I. No person shall act as an insurance agent for more than one life insurer, one general insurer, one health insurer and one of each of other mono-line insurers
- II. Any person who acts as an insurance agent in contravention of the provisions of this Act, shall be liable to a penalty which may extend to ten thousand rupees
- III. Attach Separate Application Form for each of the Insurance Organisation with whom you seek to obtain Appointment and submit all the Application Forms to your current insurer only