

**LIFE INSURANCE CORPORATION OF INDIA**

BRANCH NO. \_\_\_\_\_

To, \_\_\_\_\_ (From for Reinstatement) (Reinstatement)

The Sr. Divisional Manager,

Howrah Division.

Dear Sir,

**Re: Reinstatement.**

Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_ DO/CO/CLIA CODE: \_\_\_\_\_

I hereby request you to please consider my application for reinstatement of Agency, which stands terminated w.e.f. \_\_\_\_\_ due to following reason/s.

1. I could not complete MBG. (Give Reason: \_\_\_\_\_ )

2. My Licence expired.

Further, I hereby declare that at present neither my spouse nor myself (if married) is/are employed either in State/Central Govt. Office or public Sector undertaking.

Your faithfully,

Date: \_\_\_\_\_ (Name: \_\_\_\_\_)

**(To be filled in Branch Office ; Branch No. Ref:- \_\_\_\_\_ )**

1. Name of the Agent: \_\_\_\_\_ Agency Code: \_\_\_\_\_ DO/CO/CLIA CODE: \_\_\_\_\_

2. Date of Appointment: \_\_\_\_\_ Licence Expiry date: \_\_\_\_\_

3. Whether Confirmed: YES / No. No. Of years completed: \_\_\_\_\_

4. Education Qualification: \_\_\_\_\_ Present Occupation: \_\_\_\_\_

5. Whether reinstated earlier : YES /NO. If YES give details \_\_\_\_\_

6. Particulars of Business Completed during last 5 years:

Sr. No.	Year Ending	F.P.I.	No. Of Lives	Whether qualified
1.				
2.				
3.				
4.				
5.				

Particulars of Business if any, still pending.	Sum Assured	No. Of Lives	Remarks

7. Whether Chief/Sr./B.M. has satisfied that he/she & his/her spouse (if applicable) is/are not employed in State/Central or Public sector undertaking: YES/NO.

8. Whether Agent is entitled to Renewal commission as per section 44(1)(b) of Insurance Act.1938: YES/NO. (No of years completed\_\_\_\_\_)

9. Dt. Of Termination:\_\_\_\_\_ (No. Of Month elapsed from date of Termination\_\_\_\_\_)

10. Whether Reinstatement is being sought in Fifth agency year: YES/NO.

Chief/Sr./B.M's Observations & Recommendations:

---

---

---

(For Division Office use Only)

Chief/Sr./Branch Manager

Departments Observations:

Reinstatement within first 5 years	Before 12 Months	12 to 24 Months	Competent Authority
1 <sup>st</sup> Occasion			
2 <sup>nd</sup> Occasion			
3 <sup>rd</sup> Occasion			

Reinstatement after 5Years	Before 12 Months	12 to 24 Months	Competent Authority
1 <sup>st</sup> Occasion			
2 <sup>nd</sup> Occasion			
3 <sup>rd</sup> Occasion			

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

Whether Reinstatement in 5<sup>th</sup> Year (Competent Authority RM: YES/NO

Reinstatement :

Agency Year:

We may reinstate the agency.

HGA (Sales)