

FROM- IX [See Rule 20 (2)]
APPLICATION FOR TEMPORARY CERTIFICATE OF EMPLOYER
OF
AGENT OF LIFE INSURANCE

To
The Chairman
Insurance Development & Regulatory Authority (IDRA)
Dhaka.

পূর্বে ইস্যুকৃত লাইসেন্স এর ফটোকপি অথবা ০২
কপি সত্যায়িত ছবি ১৮ (আঠার) বৎসর বয়সের
ও শিক্ষাগত যোগ্যতার সনদপত্রসহ আবেদনপত্র
বাংলায় পূরণ করে জমা দিবেন।

Dear Sir,

I request that a temporary Certificate may be granted to me for a period of two years. The requisite Particulars are given below, namely :-

1.
 - i) Name (BLOCK LETTERS) :
 - ii) Father's/Husband Name :
 - iii) Date of birth :
 - iv) Age on the date of Application :
 - v) Residential Address :
 - vi) Permanent Address :
 - vii) Education Qualification :

(Photo Copy of Certificate to be duty attested by any First Class Gazetted Officer)

 - viii) Nationality :
 - ix) Religion :
 - x) For Providing the last seven years work as a insurance agent for life, given the Following Particulars
 - a) License No
 - b) Date of expire
 - c) Certificate (s) from the concerned insurers regarding volume of business and percentage of the persistence as required under Rule 26.
2. Two passport size recent photos (duty attested by any First Class Gazetted Officer)
3. I hereby declare that the the particulars given above and declarations given below are true and that the temporary certificate for which I hereby apply shall be used only by myself for soliciting or procuring life insurance business.
4. I also declare that I don't suffer from any of the disqualifications mentioned in sub-section (02) of section 125 of the Act.

Yours faithfully,

Speciment Signature

Date :

*This will come into foece from 1st January. 1995

Space for Stamps

FROM- X
[See Rule 21C (a)]
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH
DEPARTMENT OF INSURANCE

TEMPORARY CERTIFICATE ON (LIFE)
TEMPORARY CERTIFICATE OF EMPLOYER OF AGENT
OF LIFE INSURANCE

Mr./Mrs./Miss.....S/O,W/O,D/O.....

.....Village

Post Office :Upazilla/Thana

.District.....is hereby authorized to act as an

employer of agents in respect of life insurance business for two years from

.....to.....

Dhaka, Dated theday of20.....

Signature of
The Chairman (IDRA)
Or
Authorized Officer in this behalf

*photo and specimen
*Signature of the Applicant