 **Annexure “A”**

**APPLICATION FOR AGENCY/FIRM**

**PART 1: GENERAL INFORMATION**

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|  | **INFORMATION SOUGHT** | **INFORMATION PROVIDED** |
| 1 | Name of the Agency/Firm(In Block Letters) |  |
| 2 | 1. Correspondence Address of agency at Delhi (proof of address to be enclosed) 2. Address of Head office (if separate) and telephone no. |  |
| 3 | Date of Registration/Registration No.( proof to be enclosed) |  |
| 4 | Income Tax Permanent Account Number(PAN)  ( Copy of PAN to be enclosed) |  |
| 5 | GST Registration Number  ( proof to be enclosed)) |  |
| 6 | Name of bankers with addresses & telephone Nos. |  |
| 7 | Applying for Category-Name  **(Pl. apply in separate Annexure “A” in case of applying for one or more than one category)** |  |
| 8 | 1. Name of the Head of the agency & designation, Phone No. /Mobile No. and email id. |  |
| 1. Name of Representative(s) with designation who would be calling on us and attending our jobs with Phone No. /Mobile No. and email id. |  |
| 9 | Working experience specifying number of years  (List to be attached) |  |
| 1. Clients and Details thereof including no. of years (separate list may be attached) |  |
| 1. Experience with Public Sector Undertakings   (Corporate & Banks) (Details thereof including no. of years) |  |
| 10 | State the latest Income Tax Assessed year and the amount of tax assessed (Self attested copies of last 3 financial years, IT Returns to be attached) and **Certificate issued by Chartered Accountant in respect of Annual Turnover for last three financial years** |  |
|  | 2021-2022 |  |
| 2022-2023 |  |
| 2023-2024 |  |
| 11 | 1. Whether currently working for any other Insurance Company in India. **(Other than LIC**), if yes, details thereof. 2. Whether working in **any office/offices of LIC** **of India**, if yes, details thereof. |  |
| 12 | Earlier experience of working with LIC/other  Insurance companies or their sister concerns. |  |
| 13 | Does the agency have its own event management?  (If applying for category 3(a)) |  |
| 14 | Is the agency ready to deliver the services 24 x 7? |  |
| 15 | Are there any legal cases pending against your company? |  |
| 16 | Whether blacklisted by any Govt. Deptt./ Public sector |  |
| 17 | Website details, if any. |  |
| 18 | Mention any other specialties of your Agency/Firm. |  |

We certify that the above particulars are correct and we understand and agree that if any statement is found to be false, LIC reserves the right to remove our name from the panel, if empanelled, with immediate effect and LIC’s authority in this regard is full and final. We understand and agree that the empanelment does not obligate LIC in any manner. We also understand that LIC has the right to cancel the name of the agency from the approved lists at its absolute discretion at any time during the term of the empanelment.

**DECLARATION**

1. I / We have read the instructions appended to the Annexure “B” and I / We understand that if any false information is revealed at a later date, any contract made between ourselves and the Corporation, on the basis of the information given by me / us can be treated as invalid at the sole discretion of the Corporation and I / We will be solely responsible for the consequences
2. I / We agree that the decision of the Corporation in selection of **AGENCY/FIRM** will be final and binding on me / us.

1. All the information furnished by me/us hereunder is correct to the best of my/our knowledge and belief.
2. I / We agree that I / We have no objection if inspection of my/our premises/ workshop, shop etc. is done by the officials of the Corporation.
3. I/ We agree that I/ WE have not applied in the name of sister concern for subject empanelment process.

**SIGNATURE:**

**NAME & DESIGNATION**

**SEAL OF THE AGENCY/FIRM / COMPANY:**

PLACE:

DATE: