



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

LIC OF INDIA

THIRUVANANTHAPURAM DIVISION

APPLICATION FOR EMPANELMENT OF APPROVED TRAVEL AGENTS

ANNEXURE 'A-12'

1	Name of the Travel agency (in Block Letters)	
2	Date of Establishment / Incorporation with reg. No	
3	IATA Reg NO:	
4	Office Address and Telephone No.	
5	Email ID of the Firm	
6	Status : Proprietary /Partnership /Private Limited Company /Private Limited Company /Public Limited Company	
7	Name of the Partners / Directors	
8	Contact Persons Name with Mobile No	
9	N a m e & address of your Banker	
12	PAN Number	
13	TIN/ GSTIN	
14	Whether Following Services are offered:	
	a) <i>Package Tours</i>	
	b) <i>Hotel Accommodation</i>	
	c) <i>Transportation & Tour arrangements</i>	
	d) <i>Flight ticketing(Domestic & International)</i>	
	d) <i>Car / Coach rentals</i>	
15	No: of Vehicles owned(attach separate list with Regn. No.s)	
16	Travel by A/C Taxi	
17	Whether you are maintaining trip sheet in the format prescribed by the Kerala Govt.	
18	Whether you are issuing serially numbered receipts with duplicate copies	
19	Whether the receipt for our purpose contain the Reg. No , No.of Persons travelled ,Distance covered and the details of the amount paid	

20	Rates charged (please attach separate list)	
21	Whether you do advance train & air ticket booking	
22	Train Ticket booking/ cancellation services charges	
23	Air ticket Booking/ cancellation Service charges	
24	Whether you agree to LIC's corporate deal with Air companies once your firm is mapped by Our Central office	
25	Name , address & Tel Number of at least three of your most valued clients	
26	Whether holding certificate under Shops & Establishment Act, duly renewed	
27	Are you agreeable to make deliveries of tickets to All offices under Trivandrum Division (TVM & Kollam Districts) by hand or through e-mail	

28 Mention any other special features of your firm :

- 29(i) We agree to notify the Corporation of any changes in the foregoing particulars as they occur and to verify and confirm the same
- 29(ii) We certify that the above particulars are correct and if any statement is found to be false etc. the Corporation reserves the right to remove our name from the panel, if empanelled with immediate effect.
- 29(iii) We understand and agree that the Corporation has the right to remove our name from the panel without assigning any reason, if empanelled and the Corporation's authority in this regard is full and final.
- 29(iv) We understand and agree that empanelment does not make the Corporation obligatory in any manner.

I/We _____ request Life Insurance Corporation of India, Divisional Office, Thiruvananthapuram to consider inclusion of my /our name in the list of your approved Travel Agents . I/We agree to give full satisfaction to the Corporation in the event of being included in the list of approved list of Travel agents.

Place:

Date:

Signature with Seal

Name, Designation

Note : Please type this form or fill it legibly in ink If space provided is insufficient, please type or write the replies on a separate sheet giving appropriate question number and attach it to the form.