Application Form for Empanelment for

Please specify the name of category mentioned above for which empanelment is desired. **(Put Tick in A, B, C Given below.)**

☐ **A. Gift Articles**

☐ **B. LIC Products' Advertisement**

☐ **C. Printing of Flex, Vinyle, Banner & Signboards**

Sr.	Required information	Particulars
1)	Name of the Firm/Vendor, (**in Block letters**)	
2)	Whether Firm/Vendor established for more than Three Years ? (YES/NO)	
3)	Date of Establishment of the Firm/ Vendor	
4)	Contact Details. • Email ID • Mobile No.1 • Mobile No. 2 • Other Contact No.	
5)	Complete Postal Permanent address for communication.	
6)	Nature of ownership : (Proprietary/ Partnership/ Private Ltd company/Individual/Other)	
7)	Name of the Partners /Directors / Proprietors/Owner.	
8)	Name and address of Chief Executive with contact number.	
9)	Is the Firm registered under the Shop Establishment Act? If so, state a) License number b) Date of last renewal of license(copy of license to be enclosed) d) ESIS No if any e) EPF registration No.	
10)	• PAN NO. • GST No.	

11)	Turn over for last 3 years F.Y. 2017-18 F.Y. 2018-19 F.Y. 2019-20 (Enclose copy of Balance Sheets and Profit & Loss A/c of last Three years)	
12)	Has your firm been blacklisted / removed earlier by LIC or any of the PSUs / BFSI / Govt / semi Govt. Quasi govt. departments in India. (Yes/No).if yes, then give details.	
13)	If your firm is already empanelled with any office of LIC of India, please give name and address of the office/s.	
14)	Name , address and contact Nos. of three of your most valued current clients. (separate list may be attached)	
15)	Mention Products and services you provide. Also mention any other specialties of your Establishment.	

All the pages of application form and documents must be signed with seal.

I/We_____hereby certify that all the details mentioned above are correct and understand that if any of the above detail found incorrect, my/our application will stand cancelled.

I/We_____ request Life Insurance Corporation of India, Rajkot Divisional Office to include my/our firm / company in the approved empanelled list. I/We hereby assure to extend full co-operation up to the satisfaction of Corporation for any job assigned to me/us within jurisdiction of LIC Of INDIA, RJKOT DIVISIONAL OFFICE.

I / We agree to abide by all the Terms & Condition as per “Annexure A” dated 18.12.2020 and framed by the Corporation from time to time.

Dated at _____this _____day of _____2018

Signature with Office Seal

Name_____
Designation_____