

Form I-C.

Certificate to be issued by the Insurance Company to Agents on cessation of Insurance Appointment

Certificate

We hereby declare that Shri / Smt..... (Name) Unique Agency Number _____ was appointed as an Insurance Agent in our organization _____ (Name of the present Insurance Company) and the details of the Agency held with us are as follows:

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Particulars of the Agent	
Agents Name	
Agency Code Number (Allotted by the Insurer)	
Date of issue of appointment	
Category of appointment (Life / Non-Life/ Health Composite) In case composite furnish names of other insurers	
PAN NUMBER of the Agent	
Date of submitting resignation / surrender of insurance appointment if any	
Date of acceptance of resignation / surrender of insurance appointment if any	
Reasons for leaving the organization	
Remarks of the Insurer if any	

Sd/-

(Designated Official)

(Name)

(ID)

(Designation)

(Department)

Date

Place

Name of the Insurance Company

Instructions:

1. The above Certificate should be issued on the Insurer's official letterhead.
2. The above Certificate should be issued by the designated official of the organization / department
3. There should be clear signature & office seal of the issuing authority.
4. The Insurer should retain a copy of the certificate in the Agency file for records.
5. Data of agency resignation / cancellation should be intimated to IRDAI