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

* আবেদনপত্র বাংলায় পূরণ করতে হবে। *১৮ বৎসর বয়স সমেত এসএসসি পাশের সনদ। * ০২ কপি ছবি সত্যায়িত। * ব্যাংক একাউন্টের চেকের ফটোকপি ও জাতীয় পরিচয়পত্র/জন্মসনদ। * নবায়নের ক্ষেত্রে ০২ কপি ছবি। * এসএসসি পাশের সনদ। * জাতীয় পরিচয়পত্র/জন্মসনদ। * ব্যাংক একাউন্টের চেকের ফটোকপি। * লাইসেন্স/সার্টিফিকেটের ফটোকপি।
উপরোক্ত তথ্যাদি ফাইলের সাথে সংযুক্ত থাকতে হবে। অন্যথায় আবেদনপত্র বাতিল হয়ে যাবে।

To
The Chairman
Insurance Development and Regulatory Authority (IDRA)
Bangladesh, Dhaka.

Dear Sir,

I request that a temporary Certificate may be granted to me for a period of two (2) years. The requisite particulars are given below, namely :

1. i) Name (BLOCK LETTERS) .....

   ii) Father's/Husband's Name) .....

   iii) Date of Birth ..... iv) Age on the date of application .....

   v) Residential address .....

   vi) Permanent address .....

   vii) Educational Qualification .....

   (Photocopy of Certificate to be duly attested by any First Class Gazetted Officer)

   viii) Nationality .....ix) Religion .....

   x) For proving the last seven years work as an insurance agent of life, give the following particulars :-

   a) Licence No .....

   b) Date of expiry .....

   c) Certificate (s) from the concerned insurance regarding volume of business and percentage of the persistence as required under Rule 26

2. Two passport size recent photos (duly attested by any first class gazetted officer)
3. I hereby declare that the particulars given above and declaration given below are true and that the temporary certificate for which I hereby apply shall be used only by self 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 (10) of section 42A of the Act.

Yours Faithfully,

Specimen Signature

Dated .....

Space of Stamps

NOT TRANSFERABLE

FORM- X

[See rule 21C (a)]

GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH
DEPARTMENT OF INSURANCE

TEMPORARY CERTIFICATE NO ---------- (LIFE)

TEMPORARY CERTIFICATE OF EMPLOYER OF AGENTS OF LIFE INSURANCE AGENT

Mr/ Ms/ Miss ---------- S/o, W/o, D/o ----------
Village ---------- Post Office ---------- P/S ----------
District ---------- is hereby authorized to act as an employer of agent respect of life insurance business for two years from ---------- to ----------
Dhaka, dated the ---------- day of ---------- 20

Photo

Signature of
Controller of Insuarance
Or
Authorised Officer In this behalf.

Photo and specimen
Signature of the Applicant