
OTHER INFORMATION

Have you ever held an Agent's Contract?

Yes

No

1. In SLIC Yes No Agent Code : From Mth / Yr / To Mth / Yr

2. In other insurance company

Yes

No

Name of company:

IBSL Lisence No.

Is any of your relatives / friends a staff / agent in SLIC?

Yes

No

Name	Relationship	Position Held
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In case of emergency, please inform

Name	Address
Relationship	Telephone No

Has there been any proceeding of any nature ever taken against you in any law court or bankruptcy?

Yes

No

Please give dates & particulars

Declaration

I certify that the information given in this application is true and correct, and I agree that should this declaration be false in any respect, the Company is at its liberty to terminate the Agent's Contract immediately. I hereby authorize the Company to contact my previous employers, or any information source, and to obtain, disclose, and exchange any information with regard to myself. Further, I declare and agree that any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided and may be held, used, and disclosed by the Company to individuals/organizations associated with the Company or any selected third party (within or outside of Sri Lanka, including government bodies and industry associations/federations) for the purposes of processing this application and providing subsequent services/functions for this and other contracts/agreements with the Company, direct marketing, and data matching, and to communicate with me for such purposes. I understand that (i) the Company may be unable to process this application if I fail to provide any information requested in this application and (ii) I have the right to obtain access to and to request correction of any personal information held by the Company concerning me. Such request can be made to the Company's sales support Department.

In addition, I understand and agree that I will be paid according to the terms and conditions specified in the Agent's Contract which will take effect as of the actual date of execution of the Agent's Contract by all of the parties.

Date

Signature of Applicant

AGENCY LEADER/ SM'S REPORT ON THE APPLICANT

This is to certify that I have personally interviewed the applicant and I am satisfied that the answers given in this Application for Agent's Contract are true; and I agree that should this declaration be false in any respect, the Company is at liberty to terminate the Agent's Contract immediately without reference to me. I further certify that I have verified the applicant's I.D. Card.

Date

Branch/ Leader Code

Name of Agency Leader/ADM

Signature of Agency Leader/ADM

Date

Name of Sales / Regional Manager

Signature of Sales / Regional Manager /
Zonal Manager