# 

# SCHEDULE - 4

[Refer Regulation 9]

# APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION OF IWA

**Instructions for filling up the form:**

* 1. It is important that before this RENEWAL application form is filled in, the IFSCA (IWA) Regulations 2022 are studied carefully.
  2. Applicants must submit a duly completed RENEWAL application form together with, supporting documents to the Authority.

# PARTICULARS OF THE APPLICANT

* 1. Name of the Applicant:
  2. Address - Principal Place of business / Registered Office.

|  |  |
| --- | --- |
|  | |
|  | |
|  | |
| Pin Code | Email |
| Tel No | Fax No |

* 1. Address for Correspondence:

|  |  |
| --- | --- |
|  | |
|  | |
|  | |
| Pin Code | Email |
| Tel No | Fax No |

* 1. Name of the Principal Officer **(To be submitted in case of change, if any)**

|  |  |
| --- | --- |
|  |  |

# ORGANISATION – STRUCTURE (To be submitted if any change in any of the items under S. No. 2 of the application form, otherwise please mention “NO CHANGE”)

# BUSINESS INFORMATION

Particulars of Key Management Personnel **(To be submitted in case of change, if any)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Designation/ Position** | **Qualification** | **Insurance related experience** | **Date of Appointment** | **Functional Areas** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# OTHER INFORMATION

* 1. Details of all settled and pending disputes, if any: (Attach separate sheet and give full information in the format shown below)

|  |  |  |
| --- | --- | --- |
| **Nature of Dispute** | **Name of party** | **Pending/ settled** |
|  |  |  |

\*\* Attach sheet if required

* 1. Details of any economic offences by the Applicant or any of the directors or designated partners, or key managerial Personnel in the last three years, if any.
  2. Any other information considered relevant for processing of this application:

# RENEWAL OF PERMISSION FOR INSURANCE TELEMARKETING/ INSURANCE OUTSOURCING WORK

* 1. Do you want to continue insurance tele-marketing/ insurance outsourcing work: Yes/ No
  2. Is the TRAI Registration valid: Yes/ No
  3. Updated List of Authorised Verifiers:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Qualification** | **Sponsoring Entity** | **Certificate No.** | **Valid Till** | **PAN/ Aadhaar No.** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Attach additional chart if required

* 1. Any other information considered relevant for processing of this application:

For and on behalf of Applicant

For and on behalf of Applicant

(Signature and Name of Authorised Representative) (Signature & Name of Authorised Representative)

Designation Designation

Place:

Date:

**Annexure “1”**

**Undertaking Format**

Ref. No. Date

# The Executive Director,

# Department of Insurance,

# International Financial Services Centres Authority

# GIFT City, Gandhinagar, Gujarat.

Sir,

We hereby submit the following undertaking and confirm that:

There is no intervention by any other Regulatory Authority on the promoters/ Management/ Applicant Company as on the date (If there is any intervention, details of the intervention to be furnished)

1. The Principal Officer has not violated the code of conduct as specified in IFSCA (IWA) Regulations, 2022;
2. The Applicant Company will comply with regulations confining to Main Objects of the Memorandum of Association filed with the Authority;
3. The Principal Officer is appointed exclusively to carry out the functions of the IWA under the regulations and is neither holding any Directorship/Employment/Assignment in nor represents, either on full time or on part time basis, any other Insurance related or any other entity. If so, it is with the previous approval of the Authority. (Strike out which is not applicable);
4. We have not given any rebates of the whole or part of the commission payable or premium shown either directly or indirectly in compliance with sec. 41 of Insurance Act, 1938;
5. We confirm that the minimum capital requirement is not diluted by its use in buying shares and securities as also keeping Inter Corporate Deposits and giving loans etc.;
6. We confirm that the duties and functions as specified in regulation 27 of IFSCA (IWA) Regulations, 2022, have been complied with during the previous registration period.
7. We confirm that the above statements are true to the best of our knowledge and belief.
8. We further undertake to comply with all the applicable regulations/rules/notices/circulars as prescribed by the Authority from time to time.

Principal Officer (Director/Designated partners, other than the PO)

Signature Signature

Name Name

Date Date

**Note**: Strike out the declaration not applicable and attach relevant information separately.