

Form – C1

Additional Information to be filled by applicants for Grant of Certificate of Registration as an Insurance Web Aggregator (IWA)

S. No.	Particulars	Comments/ Remarks (for IFSCA use)																				
Organisation Structure																						
0	If listed, provide names of Stock Exchanges and latest share price																					
1	Name and activities of associate companies/concern																					
	<table border="1" data-bbox="335 965 1158 1370"> <thead> <tr> <th data-bbox="335 965 520 1238">Name of Company/ Concern</th> <th data-bbox="520 965 638 1238">Address</th> <th data-bbox="638 965 794 1238">Type of activity handled</th> <th data-bbox="794 965 991 1238">Nature of Interest of Promoter / Director</th> <th data-bbox="991 965 1158 1238">Nature and Interest of Applicant company</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p data-bbox="284 1413 1158 1485">Whether any one or more persons of the associate companies/ concern are interested in the Applicant's business?</p>	Name of Company/ Concern	Address	Type of activity handled	Nature of Interest of Promoter / Director	Nature and Interest of Applicant company																
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2	Name and Address of the Principal bankers of the Applicant																					
3	Name and address of the statutory auditors																					
Business Information																						

4	Particulars of Websites proposed / used for the IWA business: (Proof of Registration of Domain Name to be attached)																					
<table border="1" data-bbox="308 349 1129 674"> <thead> <tr> <th data-bbox="308 349 395 533">S No.</th> <th data-bbox="400 349 536 533">Website (Domain name) Address</th> <th data-bbox="541 349 699 533">Primary / Secondary/ Category Specific</th> <th data-bbox="703 349 879 533">Place of Hosting of Web server</th> <th data-bbox="884 349 1129 533">Name & address of the vendor hosting the website</th> </tr> </thead> <tbody> <tr> <td data-bbox="308 539 395 577"></td> <td data-bbox="400 539 536 577"></td> <td data-bbox="541 539 699 577"></td> <td data-bbox="703 539 879 577"></td> <td data-bbox="884 539 1129 577"></td> </tr> <tr> <td data-bbox="308 584 395 622"></td> <td data-bbox="400 584 536 622"></td> <td data-bbox="541 584 699 622"></td> <td data-bbox="703 584 879 622"></td> <td data-bbox="884 584 1129 622"></td> </tr> <tr> <td data-bbox="308 629 395 667"></td> <td data-bbox="400 629 536 667"></td> <td data-bbox="541 629 699 667"></td> <td data-bbox="703 629 879 667"></td> <td data-bbox="884 629 1129 667"></td> </tr> </tbody> </table>			S No.	Website (Domain name) Address	Primary / Secondary/ Category Specific	Place of Hosting of Web server	Name & address of the vendor hosting the website															
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5	Any other information considered relevant to the nature of services rendered by the Applicant																					
<p data-bbox="204 994 496 1025">Financial Information</p>																						
6	Note: If minimum capital requirement has been met after last audited annual accounts, audited statement of accounts for the period ending on a later date should also be submitted																					
<p data-bbox="204 1312 453 1344">Other Information</p>																						
7	<p data-bbox="284 1393 1161 1464">Details of all settled and pending disputes: (Attach separate sheet and give full information in the format shown below)</p> <table border="1" data-bbox="336 1541 1158 1637"> <thead> <tr> <th data-bbox="336 1541 612 1585">Nature of Dispute</th> <th data-bbox="617 1541 874 1585">Name of party</th> <th data-bbox="879 1541 1158 1585">Pending/ settled</th> </tr> </thead> <tbody> <tr> <td data-bbox="336 1592 612 1637"></td> <td data-bbox="617 1592 874 1637"></td> <td data-bbox="879 1592 1158 1637"></td> </tr> </tbody> </table> <p data-bbox="284 1682 635 1711">** Attach sheet if required</p>	Nature of Dispute	Name of party	Pending/ settled																		
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Date:																						

**Application for Permission for Insurance Telemarketing/Insurance
Outsourcing work**

- 1.1 Name of the Applicant: _____
- 1.2 Certificate of registration No.: _____
- 1.3 Validity Period: From _____ To _____
- 1.4 TRAI Registration No.: _____
- 1.5 Validity Period: From _____ To _____
- 1.6 List of Authorised Verifiers:

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

Attach additional chart if required.

- 1.7 Any other information which the Applicant feel necessary for processing of application.



Declaration

THIS DECLARATION IS TO BE SIGNED BY TWO OF THE DIRECTORS / DESIGNATED PARTNERS
I/We hereby apply for Certificate of registration to undertake Insurance Tele-Marketing /
Insurance Outsourcing work relating to insurance.

I/We state that I/We have truthfully and fully answered the questions above and provided all
the information which might reasonably be considered relevant for the purposes of my/our
Certificate of registration.

I/We declare that the information supplied in the application form is complete and correct.

I/We undertake that I/We shall not allow or offer to allow, either directly or indirectly, as an
inducement to any person, any rebate of the whole or part of the remuneration earned by
me/us during the Certificate of registration period.

For and on behalf of Applicant

For and on behalf of Applicant

(Signature and Name of Authorized
Representative)
Designation

(Signature & Name of Authorized
Representative)
Designation

Place:

Date:



Form – C2

Additional Information to be filled by applicants seeking Certificate of Registration by an Existing Insurance Web Aggregator (IWA) or Insurance Broker for establishing an IWA in the form of Branch

S. No.	Particulars	Comments/Remarks (for IFSCA use)
Company Profile		
0	Date of first registration [DD/MM/YYYY]	
1	<p>Certificate from CA / CS / CMA or any other person as approved by the Authority:</p> <p>Provide a certificate from a practicing CA/CS/CMA in India or any other person as approved by the Authority, that all the requirements of the Act read with IFSCA(Insurance Web Aggregator) Regulations, 2022 and rules, circulars have been complied with by the applicant</p>	
2	Provide details of Compliance with training and experience requirements	
3	Provide details of any additional capital to be infused, if applicable	
4	Particulars of Previous Application: Has the applicant ever applied for license in International Financial Services Centre to carry out insurance business? If so, give particulars.	

5	<p>Details of shareholders of insurance intermediary: [Please give full name, address, percentage of holding in the paid up capital of the intermediary, Occupation, Qualifications and Experience, Number of shares held and Percentage of share capital in the company] Please attach separate sheets if necessary. Details of persons holding more than 1% of the issued capital of the applicant and promoters are to be given in separate statements.</p>																																						
<table border="1"> <thead> <tr> <th data-bbox="261 544 419 1048">Full Name [first, middle, surname] /Name of the Corporate</th> <th data-bbox="419 544 552 1048">Date of Birth/Date of incorporation</th> <th data-bbox="552 544 663 1048">Address with Telephone Nos., Fax Nos., E-mail</th> <th data-bbox="663 544 807 1048">Qualifications*</th> <th data-bbox="807 544 930 1048">Experience*</th> <th data-bbox="930 544 1053 1048">Present occupation*</th> <th data-bbox="1053 544 1169 1048">No. of equity (voting rights) shares and percentage of total holding</th> <th data-bbox="1169 544 1265 1048">Remarks</th> </tr> <tr> <th data-bbox="261 1048 419 1093">(1)</th> <th data-bbox="419 1048 552 1093">(2)</th> <th data-bbox="552 1048 663 1093">(3)</th> <th data-bbox="663 1048 807 1093">(4)</th> <th data-bbox="807 1048 930 1093">(5)</th> <th data-bbox="930 1048 1053 1093">(6)</th> <th data-bbox="1053 1048 1169 1093">(7)</th> <th data-bbox="1169 1048 1265 1093">(8)</th> </tr> </thead> <tbody> <tr> <td data-bbox="261 1093 419 1126">Mr./Ms.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Full Name [first, middle, surname] /Name of the Corporate	Date of Birth/Date of incorporation	Address with Telephone Nos., Fax Nos., E-mail	Qualifications*	Experience*	Present occupation*	No. of equity (voting rights) shares and percentage of total holding	Remarks	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	Mr./Ms.																						
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Mr./Ms.																																							
*Columns 4 to 6 may be left blank for corporate shareholders.																																							
Regulatory Compliance in the home country																																							
6	Professional Indemnity policy requirements in home country, if applicable																																						
7	Minimum capital requirements prescribed by home country regulator																																						
8	Capital maintained by the applicant for five years preceding the date of application																																						

IWA Business Strategy		
9	Market Research and Analysis The applicant may have undertaken some form of market analysis to ascertain the market potential. The applicant may furnish full description of the research, along with the conclusions reached	
1 0	Types of services to be offered The applicant may give detail of the category of IWA services that it will offer.	
1 1	Conclusion In conclusion, please discuss the viability of the operations. Any special issues or concerns should also be indicated	

Certification

I, the undersigned, solemnly declare that the facts and information given in this application form on behalf of the Applicant Company, are true and that the projections and estimations are based on reasonable assumptions.

Place :

Date :

Signature of the Authorised Person (his/her designation with Seal)