

Date: **07/May/2025**



SANJAY BHALLA

Address: **30 A 21 BLOCK MOTI NAGAR, PATEL NAGAR RAMESH NAGAR H. NO WEST DELHI 110015**

Subject: **Point of Sales Person (PoSP) Appointment Letter**

This is in reference to the application made by you for enrolling yourself to act as Point of Sale Person.

This is to confirm that you have successfully completed the prescribed training and have also passed the examination specified for Point of Sales examination conducted by **Elevate Insurance Brokers Private Limited** under the Guidelines on Point of Sales Person for Non-life and Health Insurers.

Aadhar No: **XXXX XXXX 8826**

PAN No: **AELPB1004Q**

PoSP Id: **UR-0103**

This letter authorizes you to act as Point of Sales Person for **Elevate Insurance Brokers Private Limited** to market products categorized and identified under the POS Guidelines.

In case you wish to work for another company, you are required to obtain a fresh letter from the new insurer/ insurance intermediary in order to act as Point of Sales Person for that entity

Yours truly,

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(Subhash Bishnoi)
Principal Officer

Elevate Insurance Brokers Private Limited

Ground Floor Shop No. 56, Ganpat Market, Agroha Dham, Agroha, Hisar, Hisar, Haryana, India, 125047

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