



## Appointment Letter

Mr./Ms. Abcd Singh

S/O \_\_\_\_\_

We welcome you to Zanifest Insurance Broker Pvt. Ltd. We are an IRDAI registered Direct (General) insurance broking company, with registration No. 1119.

This is in reference to application made by you to enroll as Point of Sale Person (POSP) with us.

This is to confirm that you have successfully completed 15 hrs of mandatory training as per prescribed IRDAI guidelines and also passed the examination. Your Personal Details are as Under:

POS Code: undefined

Pan No: \_\_\_\_\_

With this letter, we authorize you to work as Point of Sale Person of Zanifest Insurance Broker to market insurance products that are allowed under prescribed guidelines for Non-Life and Health business.

You agree that you will always solicit insurance business with integrity and honesty ensuring to work within POS prescribed business guidelines only.

As per guidelines, you shall not work as POS person for any other insurer/Broker/insurance intermediary in any manner whatsoever. In case you wish to work for another company, you are required to obtain a fresh letter from the new Insurer/Broker in order to work as POS person of that entity.



Authorised Signatory  
Zanifest Insurance Broker Pvt. Ltd

Date: 12/2/2026