Instructions

INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY

FORM IRDA 5AF

APPLICATION FOR RENEWAL OF A LICENSE TO ACT AS SURVEYOR AND LOSS ASSESSOR

Current License Details SLA No.

IRDA/IND/SLA-24671 License Effective Date Date of expiry 30-08-2022 M RAMA KRISHNAN Name

#26-3-129,B.V.NAGAR, Near KNR Municipal High School, Andhrakesari Nagar (Post, NELLORE, City-NELLORE, Dist.-NELLORE, ANDHRA PRADESH-524004 #26-3-129,B.V.NAGAR, A.K.NAGAR POST, NELLORE, City-NELLORE, Dist.-NELLORE, ANDHRA PRADESH-524004. Present Address

Permanent Address

Contact No.

+91-9440658032 Mobile

Office Residence Fax Email Address

Most used Email Id mrk_ramakrishnan@yahoo.co.in

Alternate

Departments Allocated

FIRE	MARINECARGO	MARINEHULL	ENGINEERING	MOTOR	MISC	LOP	CROP
✓			✓	✓	✓		

Membership Details: Membership Number Employment Details

Name of Employer Nature of Organization Nature of Work From Date To Date

Whether applicant is currently employedNo Other Business/Profession Details

Name of Firm	Designation	Nature of Business	
Individual	Surveyor	IRDA Loss Assessor	

Whether applicant has any other business/profession details?No

Is there any change in employment details? No

Whether the applicant has been in practice as a Surveyor and Loss Assessor on 31st May 1970? No

Payment Details

Transaction reference pay_K0O0aFZ3E7iA13 Transaction Date 01-Aug-2022 1100.00000 Transaction Amount Payment status Successful

Signature of applicant

Name M RAMA KRISHNAN

Date 01-08-2022

Is solemnly declare and confirm that the particulars given above and the documents uploaded along with the application are true to the best of my knowledge and belief. In case, any of the information provided is false or incorrect, then, I am liable for appropriate action by IRDAI including rejection of application/cancellation of licence, as the case may be.

01-08-2022, 19:07 1 of 1