



Candidate Application form

Name: _____

Name: _____

Name as per Aadhaar: _____

Aadhaar No: _____ PAN No: _____

Date of Birth: (DD/MMM/YYYY) _____ Current Age: _____

Blood Group: _____ Gender: _____ Marital Status: _____

Mobile Number: _____ Alternative Contact Numbers: _____

Role / Position Applied: _____ Source of the Vacancy: _____

Other Sources: _____ Foreign Languages Known: _____

Personal Email ID's: _____

Hometown: _____ Nationality: _____ Mother Tongue: _____

Vehicle Details: Two-Wheeler Four-Wheeler Both None

PRESENT Address: (Fill the address you are currently residing along with the State, City and Pin code)

Is this Rented Owned

PERMANENT Address: (Fill your Permanent the address along with the State, City and Pin code)

Is this Rented Owned

FAMILY DETAILS

Family Members Names	Date of Birth	CONTACT NUMBER	RELATION	OCCUPATION

HEALTH

Are you suffering from any disease/disability : _____

If Yes, Give details: _____

Height: _____ Cm., Weight: _____ Kg: _____

Allergies, if any: _____

Any other Health Issue: _____

Have you ever been involved in any disciplinary or court proceedings?

EDUCATION QUALIFICATION

QUALIFICATION	UNIVERSITY / INSTITUTE	YEAR OF PASSING	% of MARKS	MAJOR SUBJECT

Have you undergone any training / Practical experience (other than employment)?

Other Details:

Membership of any professional body: (If Any): _____

Major Achievement (Personal): _____

Major Achievement (Professional): _____

Do you hold any individual Insurance Agency (IRDA) / Surveyor license? _____

Does any of your family member hold any Insurance Agency: _____

Did you in the Past work with any of Our Group Companies: _____

If Yes what's your Old UID: _____ Emp ID: _____

Are you referred by any of our employee? _____ *Mandatory for Referral Bonus

If Yes what's their UID: _____ Emp ID: _____

EMPLOYMENT DETAIL

- Give us detail in chronological order (beginning with last job) accounting for all the times, including periods of unemployment. If any.

Name & Address of the Employer	Designation	Date of Joining	Date of Leaving	Salary (Monthly CTC)	Reason For leaving

Last Increment Date: _____ Last Promotion Date: _____

Reference Check - Name: _____

Official Email ID: _____ Contact No: _____

Details for ESIC if Applicable: (Only if you had ESIC) - Did you have ESIC in the past ? _____

Previous ESIC Account No (Mandatory - if any)	Bank Name	Account No	Branch Location	Bank IFSC Code

*Note: This should be your operational bank account where your Name is Same as per Aadhaar Card.



EMPLOYEES' STATE INSURANCE CORPORATION

FORM-1

To be filled in by the employee after reading instructions overleaf. Two Postcard Size photographs are to be attached with this form. This form is free of cost.

(A) INSURED PERSON'S PARTICULARS

1. Insurance No.				
2 Name (in block letters)				
Name				
Date of Birth	D	M	Y	Marital Status
				M/U/W
6. Sex M/F				
7. Present Address		8. Permanent Address		
<hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/>		
Pin Code		Pin Code		
e-mail address.....		e-mail address.....		
Branch Office		Dispensary		

(b) EMPLOYER'S PARTICULARS

Employer's Code No.		
10. Date of Appointment		
Day	Month	Year
11. Name & Address of the Employer		
<hr/> <hr/> <hr/>		
12. In case of any previous employment please fill up the details as under:-		
a) Previous Ins.No.		
b) Empl'r's Code No.		
C) Name & address of the Employer		
<hr/> <hr/> <hr/>		
e-mail address		

(C) Details of Nominee u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death.

Name	Relationship	Address

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the Corporation any changes in the membership of my family within 15 days of such change.

Counter signature by the employer

X

Signature/T.I.of IP

Signature with Seal

(D) FAMILY PARTICULARS OF INSURED PERSON

Sl. No.	Name	Date of Birth/ Age as on date of filling form	Relationship with the Employee	Whether residing with him/her?	If No, State Residence	Aadhar Number
				Yes	No	Town
1.						
2.						
3.						
4.						
5.						
6.						

ESI Corporation
Temporary Identity Card

(Valid for 3 months from the date of appointment)

Name		
Ins.No.		Date of appointment
Branch Office		Dispensary
Employer's Code No. & Address		

Space for photograph

Validity:

X

Dated:

Signature/T.I. of I.P

Signature of B.M. with Seal

1. Submission of Form-1 is governed by regulations 11 & 12 of ESI (General) Regulations, 1950.

2. "Family" means all or any of the following relatives of an Insured Person namely:-

(i) A spouse (ii) a minor legitimate or adopted child dependant upon the I.P; (iii) a child who is wholly dependant on the earnings of the I.P. and who is (a)receiving education, till he or she attains the age of 21 years (b)an un married daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependant on the earnings of the I.P. so long as the infirmity continues; (v) dependant parents (Please see Section 2 clause 11 of the ESI Act 1948 for details).

3. Identity Card is Non-transferable.

4. Loss of Identity Card be reported to Employer/Branch Manager immediately.

5. Submission of false information attracts penal action under Section 84 of ESI Act, 1948.

6. This form duly filled in must reach the concerned Branch office within 10 days of appointment of an Employee. Delay attracts penal action under Section 85 of the Act, against employer.

7. As an Insured person you and your dependent family members are entitled to full medical care. The other benefits in cash include (1) sickness Benefit (2) Temporary Disablement benefit (3) Permanent disablement Benefit (4) Dependents benefit and (5) Maternity Benefit (incase of women employees subject to fulfillment of contributory conditions.

8. For more details Please Visit website of ESIC at WWW.esic.nic.in or www.esickar.gov.in contact Regional office or Branch Office.

FOR BRANCH OFFICE USE ONLY

1. Date of Allotment of Ins. No. _____

2. Date of issue of TIC : _____

3. Name/ No. of Disp : _____

4. Whether reciprocal Medical arrangements involved? If yes, please indicate : _____

Signature of Branch Manager

Sl. No.	Name	Date of Birth/Age as on date of filling form	Relationship with the Employees	Whether residing with him/her?		If 'No', state place of Residence	
				Yes	No	Town	State
1							
2							
3							
4							
5							
6							

(FORM 2 REVISED)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

**D eclaration and N omination Form under the E m ployees Provident Funds and E m ployees Pension Schemes
(Paragraph 33 and 61 (1) of the E m ployees Provident Fund Scheme 1952 and Paragraph 18 of the E m ployees
Pension Scheme 1995)**

1. Name (IN BLOCK LETTERS): _____

2. Date of Birth : 3. Account No.

4. *Sex :M ALE /FEM ALE : _____ 5. M aritalStatus _____

6. Address Permanent/Temporary : _____

PART – A (EPF)

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, in the event of my death.

2. * Certified that my father/m other is/are dependent upon me.

~~Strike out whichever is not applicable~~



Signature/or thumb impression
of the subscriber:

PART - (EPS)

Para 18

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow /Children Pension in the event of my premature death in service.

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2 (a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

Name and Address of the nominee	Date of Birth	Relationship with member

Date _____



Signature or thumb impression
of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri / Smt /
Miss _____ employed in my establishment after he/she has
read the entries / the entries have been read over to him/her by me and got confirmed by him/her.

Date : _____

Signature of the employer or other authorised officer of the
establishment

Place :

Name & address of the Factory / Establishment

Date :

**Composite Declaration Form -11**

(To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1	Name of the member (Aadhar Name)				
2	Father's Name				
	Spouse's Name				
3	Date of Birth: (DD MM YYYY)				
4	Gender: (Male/Female/transgender)				
5	Marital Status: (Married/Unmarried/ Widow/ Widower/Divorcee)				
6	(a) Email ID: (b) Mobile No.: (Aadhar Registered)				
7	Whether earlier member of the Employee's Provident Fund Scheme, 1952 ?				
8	Whether earlier member of the Employee's Pension Scheme, 1995 ?				
	Present employment details: (If Yes, 7 & 8 details above)				
9	a) Universal Account Number (UAN)				
	b) Previous PF Account Number				
	c) Date of Exit from previous Employment ? (dd/mm/yyyy)				
	d) Scheme Certificate No (If issued)				
	e) Pension Payment Order (PPO) (If issued)				
10	a) International Worker				
	b) If Yes, state country of origin (name of other country)				
	c) Passport No.				
	d) Validity of passport (dd/mm/yyyy) to (dd/mm/yyyy)				
11	KYC Details: (attach self attested copies of following KYCs)				
	a) Bank Account No. & IFS Code				
	b) AADHAR Number				
	c) Permanent Account Number (PAN), if available				
12	First EPF Member Enrolled Date	First Employment EPF Wages	Are you EPF Member before 01/09/2014	If Yes, EPF Amount Withdrawn?	If Yes, EPS (Pension) Amount Withdrawn?
					After Sep 2014 earned EPS (Pension) Amount Withdrawn before Join current Employer?

UNDERTAKING

- I) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/e-KYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account. (The transfer would be possible only if the identified KYC details approved by previous employer has been verified by present employer using his Digital Signature)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest

Date:

Place:



Signature of Member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr/Ms/Mrs has joined on and has been allotted PF No.

B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:

- Please Tick the Appropriate Option:

The KYC details of the above member in the UAN database

1. Have not been uploaded
2. Have been uploaded but not approved
3. Have been uploaded and approved with DSC/e-sign.

C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:

1. The KYC details of the above member in the UAN database have been Approved with E-sign/Digital Signature Certificate and transfer request has been generated on portal.

2. The previous Account of the member is not Aadhar verified and hence physical transfer form shall be initiated.

Date:

--

Signature of Employer with Seal of Establishment

Gratuity Nomination Form

FORM 'F'

[See s u b-rule (1) of rule 6]

Nomination

To.....
[Give here name or description of the establishment with full address]

I, Shri/ Shrimati/ Kumari.....whose particulars
are given in the statement below,

.....
[Name in full here]

hereby nominate the person (s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

- 2 I hereby certify that the person(s) mentioned is a / are member(s) of my family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.
- 3 I hereby declare that I have no my family within the meaning of clause (h) of section (2) of the said Act.
- 4 (a) My father / mother/ parents is / are not dependent on me.
(b) My husband's father / mother/ parents is / a re not dependent on my husband.
- 5 I have excluded my husband from my family by a notice date the to the controlling authority in terms of the proviso to clause (h) of section 2 of the said Act
- 6 Nomination made herein in validates my previous nomination.

Nominee (S)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1 .			
2 .			
3 .			
s o on .			

State m e n t

1. Name of employee in full:
2. Sex:
3. Religion:
4. Whether unmarried / married / widow / widower:
5. Department / Branch / Section where employed:
6. Post held with Ticket or Serial No., if any:
7. Date of appointment:
8. Permanent address:

Village..... Thana..... Sub-division Post Office.....



Signature/ Thumb impression
of the employee

Place
Date

Declaration by witnesses

Nomination signed / thumb impressed before me.

Name in full and full

1.

Signature of witnesses

2.

1.

Place
Date

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any

Signature of the employer/ Officer authorized
Designation

Date

Name and address of the
Establishment or rubberstamp thereof.

Acknowledgement by the employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.



Signature of the employee

Date

UNDERTAKING CUM DECLARATION

This **Undertaking cum Declaration** is executed on this _____ day of _____ , 20_____

By

_____ age in Years, Shri. _____
residing at permanent address at _____

and currently residing at _____

(hereinafter referred to as the "**Employee**", which expression unless repugnant to the context or meaning thereof shall deem to mean and include his legal representatives, heirs, executors and administrators)

In favour of

M/s Landmark Brokers Private Limited, a company incorporated under the provisions of the erstwhile Companies Act, 1956 and having its Corporate Office at Ground Floor & First Floor, E-Shape Building, Ashok Silk Mills Compound, 202 L.B.S Marg, Ghatkopar (West), Mumbai - 400 086. (hereinafter referred to as the "Company")

Whereas based on the representations given by the Employee, the said Employee has been appointed with the Company as _____ [insert designation]

In consideration of the above, the Employee is **UNCONDITIONALLY AND IRREVOCABLY UNDERTAKING AND DECLARING AS UNDER:**

1. I, do not hold (either directly and/or indirectly) any insurance agency/corporate agency, Surveyor or TPA license in my name or in my immediate family's members name;
2. that I will not (directly and/or indirectly) take, apply and/or hold any insurance agency/corporate agency insurance surveyor or TPA license in my and/or my immediate family's members name, during the course of my employment/association with the Company;
3. that I further undertake not to route/divert the business of the Company to any other competitor/entity/person, to cause any financial loss to the Company;
4. that during the course of my employment/association with the Company and/or thereafter, I shall not issue any acknowledgement and/or any other receipt or provide any receiving to any person/entity, for and on behalf of the Company and/or commit/create any financial obligation on behalf of the Company. It includes giving receipts on letterheads, rubber stamped documents of any type etc.;
5. That during the course of my employment/association, I will not accept cash towards premium amount, in part or in whole, beyond the permissible limits, from the clients of the Company, under any circumstances. That I shall only accept cheque or other permissible financial instrument (as allowed by the insurance companies) from the clients of the Company and that too in the name of the insurance company only;
6. That after my dis-association from the Company, I will not accept any cash, cheque, demand draft or any other financial instrument, in part or in whole from the clients of the Company, under any circumstances;
7. That during the course of my employment/association with the Company and/or thereafter, I shall not engage in any fraudulent activities including but not limited to creating/disseminating false information, documents of any client/person/entity and/or forge the signature of any client, person/entity and/or involve in any mischievous, impersonation activities etc.;
8. That I shall fully and correctly explain to the clients/prospects all the terms, conditions and features of the policy/product/scheme, provide the client/prospects with necessary illustrations, sales brochures of the insurers and get the application form/s, proposal form/s, documents, papers filled and signed from the client only;

9. That I will get all the forms, documents etc., required for processing of the proposal/application duly filled from the client and would not fill any such details on my own, even with the consent/intimation of the client;
10. That I will not delay the submission of any forms/documents/receipts/cheques/drafts and/or any other information/details of the client/prospects, with the insurers/principal companies beyond 24 hours of receiving such documents/ payments etc., from the client;
11. That I will go on all client meetings as required by the Company and/or as requested by my line manager;
12. That I shall provide/submit the true and accurate details/information of the client/prospects to the Company;
13. That I would keep all the client related database/information completely confidential, both during my association and/or thereafter and that I will neither use, exploit or take steps to commercial use/exploit the Company's, clients/prospects data, nor contact the client/prospect nor shall share, give the said data/information to any third party, person. In case post my disassociation with the Company, the client/prospects contacts me I would immediately give the client's/prospect's contact number, details to the Company's customer services office and would not indulge in any kind of mis-communication, misrepresentation;
14. That I will not use any script/pitch/sales presentation or material/s, which is not duly approved in writing by the Company. I will be fully responsible if any case of mis-presentation of facts is found at any time during my association and/or thereafter;
15. That I will only use my name as given in the company's records at the time of joining, while interacting with the clients/prospects in one to one meetings and/or telephone and/ or any other medium. Further, I shall use the telecommunication device, mobile phone, number provided to me with utmost diligence and shall not mis-use the same in any manner whatsoever. Further, at times it may be necessary to use my personal mobile phone, number to discharge my day to day functions. In such an event I shall use the same with utmost diligence and not mis-use the same to the detriment of the Company;
16. That I have read and understood the Code of Conduct laid down by IRDAI and/or the Company and agree to strictly abide by the same. I understand that the said Code of Conduct may undergo change from time to time and accordingly will keep myself updated and abide by the same;
17. That in the event of any breach of any of my above undertaking/s, declaration/s, I agree to indemnify the Company for the loss suffered or incurred by the Company, without any demur or objection. I understand and acknowledge that monetary damages may not be adequate in the event of any breach of the above undertaking/s, declaration/s and the Company may take such disciplinary or legal action against me including but not limited to termination of my employment, withholding of any terminal benefits accruing to me;
18. That the above declarations/undertakings are reasonable and I hereby sign the same after having fully read and understood the contents out of my free will and without any undue pressure.

E- Signature: 

Date: _____

Name: _____

Place: _____

Email ID: _____

Father's Name: _____

OUR COMPANY'S CODE OF CONDUCT

1. CLIENT PROTECTION

1.1 Clients/Prospects

The Employee shall make all efforts to protect the interest of our clients/prospects and shall render all possible assistance to our clients/prospects.

1.2 High Standards of Service

In the conduct of business, all Employees of the Company shall observe high standards of integrity, dignity, fairness, ethics and professionalism in all dealings with clients, market intermediaries, regulatory bodies, principal companies and other government authorities and all professional dealings shall be discharged in a prompt, effective and efficient manner.

The Employee shall be responsible for his/her acts of omissions or commission.

1.3 Exercise of Due Diligence and no Collusion

All Employees shall at all times render high standards of service, exercise due skill and diligence, ensure proper care and exercise independent professional judgment and shall not at any time act in collusion with other intermediaries in a manner that is detrimental to the interest of our client(s)/prospects and our company.

1.4 Confidentiality

The Employee shall at all times use his/her best endeavors to keep the information about our clients/prospects confidential and shall not disclose the same to any third party/person, unless required by law or as required to fulfill legal obligations/discharge his/her day to day duties.

2. PROFESSIONAL SELLING PRACTICES

2.1 Employee shall not use any unethical means to solicit, market or induce any client/prospect to buy financial/investment products, policy(ies).

2.2 Employee shall not make any exaggerated statement regarding performance of any unit linked plans, policy etc. Further, the employee agrees and undertakes not to pass any adverse, derogatory comment/statement about any of

the Principal Company/Insurance Company, other intermediary(ies), regulatory authority(ies), government bodies etc. Employee shall not assure or guarantee any return/s on investment, unless otherwise provided in the principal/insurance company(ies) offer document/s/brochures, marketing material's etc., and in such case/s, the employee shall ensure that adequate documents/information is made available to the client/prospect and also maintained at his/her end for future reference.

2.3 Employee shall ensure that at all times

- Clients/prospects are provided with true and adequate information, without any misleading or exaggerated claims about their capability to render certain services or their achievements in regard to services rendered to other clients;
- Clients/prospects are made aware of attendant risks

in the investment/taking out a policy, before any investment decision is made by the client/prospect;

- copies of the insurance plan, memoranda and related literature is/are made available to clients/prospects, as and when requested;
- complaints from clients/policy holders are fairly and expeditiously dealt with;
- not to accept **CASH** from the clients/prospects for investment or for any other purpose; and
- not to accept money in the employee's own name or in the name of our company and/or our associate companies/affiliates/group companies, if any.

2.4 Employees in all their communications to clients/prospects shall

- not create unrealistic expectations;
- not induce clients/prospects by offering benefits which are extraneous to the plan/policy;
- not misrepresent either by stating information in a manner calculated to mislead or by omitting to state information which is material to making an informed decision.

3. DISBURSAL OF INFORMATION

3.1 All employees shall ensure that adequate disclosures are made to the clients/prospects in a comprehensible and timely manner so as to enable them to make a balanced and informed decision.

4. CONFLICT OF INTEREST

4.1 Employees shall avoid conflict of interest and make adequate disclosure of their interest and where any conflict of interest arises, shall take reasonable steps to resolve the same in an equitable manner. All employees shall make appropriate disclosure to the client/prospects and where ever applicable of its possible source or potential areas of conflict of duties and interest, while rendering services which would impair their ability to render fair, objective and unbiased services.

4.2 Employees shall not, either in their own name or in the name of their family members, relatives indulge in any activity, business and/or take insurance agency, surveyor license etc., to the detriment of the business interest of company. The term "**Relative**" shall have the meaning as assigned to it under the Companies Act, 2013 and the Rules framed thereunder (as amended from time to time).

4.3 Employees shall not accept any gift (in his/her own name or in the name of his/her family members) by whatever name called exceeding a value of Rs.500/- from any of the client/prospect, principal company, other intermediary. Any gift (by whatever name called) exceeding a value of Rs.500/- shall be immediately disclosed to the HR Department/Head.

5. GOVERNANCE AND COMPLIANCE

5.1 (i)Employees shall not engage in any fraudulent and manipulative activities, which is detrimental to the interest of the Company and/or the insurance industry.

5.2 All employees shall take adequate and necessary steps to ensure that continuity in data and record keeping is maintained and that the data or records are

not lost or destroyed. Employees shall also ensure that correct details of the client/prospect is recorded in the data base of the company and shall also ensure that the up-to-date back up is always available and provided to the Company at reasonable intervals or at any time as may be requested by the Company.

5.3 Employees shall at all times take all necessary steps to keep the applicable regulatory certification/s including the IRDAI certification up-to-date and proactively take steps to update himself/herself with the latest information etc.

5.4 Employees shall at all times act only in accordance with the instructions given (from time to time) by the Senior Management and shall co-operate with the Board/Seniors, or any authority designated by the Board/Seniors, as and when required and shall not make any untrue statement or suppress any material fact in any documents, reports, papers or information furnished, from time to time.

5.5 Employees shall not neglect or fail or refuse to submit to the Board/Seniors/Company such books, documents, correspondence and papers or any part thereof as may be demanded/requested, from time to time.

5.6 Employees shall maintain an appropriate level of knowledge and competency and abide by the provisions of any act, regulations, circulars and guidelines of the Central Government, Insurance Regulatory and Development Authority of India, IBAI or any other appropriate statutory or self-regulatory or other body, as the case may be, and as may be applicable to the Company in respect of the business carried on by the Company.

5.7 Employees shall ensure that the Senior Management team including the Finance & Accounts team, the Compliance & Legal team is/are promptly informed about any action, legal proceedings or any material breach or non-compliance by it, of any law, rules, regulations, and directions of IRDAI or of any other regulatory body. Further, Team Member shall ensure that the Senior Management team including the Finance & Accounts team, the Compliance & Legal team is/are promptly and in no event later than 24 hours is/are informed about any legal notice, communication etc., received from client, regulatory authorities, bodies etc., and other person or entity and forward the copy of any such notice etc.

5.8 Unless you are authorized on behalf of the Company, you shall not (directly or indirectly)
 (i) represent the Company, in any publicly accessible media (real time or non-real time);
 (ii) you shall not contribute by way of article or otherwise in any publication, social media platforms etc. Before representing and/or contributing anything on any insurance plan/products, you shall seek the prior written approval of the Principal Officer of the Company.

5.9 Employees must maintain knowledge of and comply with this Code of Conduct both in letter and in spirit.

6. REDRESSAL OF CLIENT GRIEVANCE

6.1 Employee shall ensure that the clients are made aware of the designated e-mail id for lodging their concerns/complaints/ grievances directly with client care team/client service team for speedy redressal.

6.2 Any compliant received by the employee from the client/regulatory authorities/principal companies, shall be immediately sent at/to the designated e-mail id/HO for maintenance of complete records of all such concerns/grievances/complaints.

6.3 Team Member shall make endeavors to redress such concerns/complaints/ grievances promptly and in a time bound manner.

7. ANTI CORRUPTION/BRIBERY

You shall not use the company funds or property for any illegal purposes, which is prohibited. Any breach of this clause, the Company shall at its sole discretion, terminate your employment including taking any legal action as per applicable laws.

8. HANDLING OF UNAUTHENTICATED MARKET RELATED NEWS OR RUMORS

Employees and the Directors of the Company shall maintain the highest ethical standards and govern the conduct of the employees, with regard to circulation of unauthenticated market related news or rumors as it may be detrimental to the functioning and behavior of the insurance market/industry and the Company.

9. REGULATORY CERTIFICATION

Every employee engaged in providing solicitation of insurance products/schemes shall obtain applicable certification (including taking steps to renew the same) as may be mandated by the regulatory authority(ies) from time to time. Employee shall ensure to inform the HR Department, immediately upon obtaining the said certification (including renewal thereof), without fail.

Employees shall extend all necessary co-operation to the HR Department for any and/all requirement.

10. ENFORCEMENT

The HR Department shall:

- disseminate this Code of Conduct to all employees of the Company;
- make observance of this Code a condition of employment;
- make violation of the provisions of the Code, a ground for disciplinary action;
- designate person(s) with primary responsibility for exercising compliance with authority to investigate possible violations and report to the Senior Management/Principal Officer of the Company.

The Company may without prior notice amend/alter/modify this Code, as may be required due to regulatory reasons or otherwise, which shall then come immediate effect.

I have read and understood the Code of Conduct and agree to abide by the Code and agree to keep myself updated and abide by any such revised/modified/amended Code

E-Sign:

Name: _____



NOMINATION Details (Mandatory)

Name & Address the nominee	Nominee's relationship with the employee	DOB	Amount of share to be of paid to each nominee(s) (indicate Percentage out of 100)

Tick the documents submitted to HR in this Email:

- Latest CV / Resume.
- PAN Card Soft Copy.
- AADHAAR Card Soft Copy.
- Address Proof if address is not as per Aadhaar Card.
- Qualification proofs starting from Oldest to New – Latest.
- Relieving Letter / Pay slips of Last Organization if not a Fresher (last 3 Months)
- Bank documents for ESIC. (Cancelled Cheque or Passbook - that has your name as per Aadhaar)
- If any other Exceptional document like IRDA Certificate.

Declaration Form

I Hereby declare that the facts and information given above are true and correct to the best of my knowledge and belief and that I have not concerned any facts / event/ instance of marital information in connection with employment. I hereby undertake that my appointment is subject to above information / facts being correct. And my service can be terminated without any notice and without any compensation in any case the above information / fact are found to be incorrect or false.

By continuing to fill this form and by providing any personal data (including sensitive personal data) to Company via this form or e-mail addresses provided, you are consenting to Company use of your personal data and to the transfer of your data between the group companies and/or to third parties throughout the world as necessary to progress your application and, should your application be successful, to administer your personnel record. By entering personal data on this or on the required joining documents you are consenting to your personal data being used or transferred by the Company in this manner. You acknowledge and agree that you will receive sensitive correspondence about the results of your application at the e-mail address that you have provided to the Company via this Form.

Acknowledgment for Employee Manual

I hereby read, listen and understand all the details and information given in the employee handbook. And I am abiding to all the rules and regulation written under it.

DO NOT E-SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

By my e-signature below, I confirm that I have read, fully understand and accept all terms of the above statement. Please note that your e-signature will be accepted as the electronic equivalent to a hand-written signature and/or as an electronic signature as may be permitted under/ by any applicable law. Please signify your acceptance by entering the information requested in the fields below.

*Email ID: _____

*Full Name: _____