



INSURANCE BROKERS ASSOCIATION OF INDIA

Regd. Office: Maker Bhavan No. 1, 7th Floor, Sir V. T. Marg, Mumbai-400 020

NOMINATION FORM

Full name of the Individual nominated for Directorship of the Company (in capital letters): _____

Name of the Broker/Company: _____

Valid IRDA License No.: _____

License Certificate Sr. No.: _____

Period of IRDA License: _____

Address: _____

Telephone No.: _____ Fax No.: _____ E-mail: _____

Mobile: _____

Details of the individual so nominated: _____

(a) Date of Birth: _____; (b) Qualifications: _____

(b) Designation of the Individual with the Broker/Company: _____

(c) Brief details of experience: _____

I, _____ the undersigned, holding the position of _____

_____ with M/s. _____ Brokers Private Ltd/Ltd do hereby give my full consent

to be elected to the Board of Directors of Insurance Brokers Association of India and to abide by the

Memorandum of Association and Articles of Association of the Insurance Brokers Association of India

SIGNATURE of the Person nominated for Directorship of IBAI

Date: _____

We confirm the above particulars and propose to nominate that above official.

Name of the Authorised Official: _____

Officer of Broker member: _____

Designation: _____

SIGNATURE : _____

Date: _____

Company Name & Address :

(in rubber stamp)

Encl : Demand Draft No.: _____ dated _____ drawn on _____

Bank for ₹ 1,00,000/- enclosed herewith.