



Star Health And Allied Insurance Company Limited

Regd. & Corporate Office:
1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.
Phone: 044 - 28288800 Telefax: 044 -28260062. Email Id : agents@starhealth.in

Please Paste
Stamp Size
Photo

Application For Enrollment As Star Agent

Form with 12 numbered fields: 1. Name in capital letters (As in IRDA License), 2. Father's Name / Husband's Name, 3. Gender: Male [] Female [] (as applicable), Date of Birth, 4. Residential Address, Address for correspondence, 5. Whether from a Rural Area, Yes [] No [] (as applicable), 6. Telephone No, Mobile No, 7. Fax No, Email, 8. Educational Qualifications: Matric [] Graduate [] Post Graduate [] Professional [] (✓ as applicable), 9. * IRDA License No: (NOT BUSINESS CODE), 10. (a) Date of Expiry, 11. Insurance Company through which obtained, 12. Pan Card No.

*Details of close Relatives working with STAR:

I confirm that, I have undergone 25 hours of Training in Basics of health and Personal Accident, its terminology and Products, conducted by the company between _____ and _____ at _____ BO / AO / ZO.
I declare that the information furnished above is True.

Date :

Signature of Applicant (Agent)

Note: Please Paste 2 stamp size Photographs and enclose Copy of IRDA current License

Office Name, Office code (grid)

Marketing Executive Name, Marketing Executive Code (grid)

Recommended by: ABM / BM / AM / ZM as the case may be.

Office Seal, Signature of Officer In-charge

STAR Agency Code (allotted by H.O) B A 0 0 0 0 0

Office Code, Agent Code, Name in capital letters (As in IRDA License), IRDA License No., Date of Expiry, Signature of Agent for ID card, Please Paste Stamp Size Photo

BIO-DATA

BIO-DATA	
Name	
Date of Birth	
Present Address	
Phone No.	
Mobile No.	
Email ID	
IRDA License issued by (Name of the company)	
IRDA License no:	
Period of License	
Name of Bank	
Bank Account Number	
PAN No.	
Name of Spouse	
Date of Birth	
Occupation	
Date:	
Place:	Signature

TO
Star Health and Allied insurance Co. Ltd.
Incentive Department

I request you to credit my agency commission to the below mentioned account.

Agency Code	BA
Agent's Name	
Branch Name Code	

Name (as appearing on Bank Account) :

 (IN BLOCK LETTERS ONLY)

BANK NAME :

 (IN BLOCK LETTERS ONLY)

BRANCH NAME :

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ADDRESS WITH PIN CODE :

FULL ACCOUNT NO :

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IFSC CODE OF BANK BRANCH :

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MICR CODE :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PAN NUMBER :

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I, hereby, declare that the particulars given above are correct and complete.

DATE :

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Signature of the agent

****Please attach your cancelled cheque with sign**

As Per the details mentioned by our respective agent Mr/Mrs/Ms.....
 With the agency code BA..... Has been duly verified and found to be correct.
 DATE:
Sign with Branch Seal

(FILL IN CAPITAL LETTER)
AGENTS ID CARD DETAILS



NAME :

LAST NAME :

DATE OF BIRTH :

IRDA LIC. NO. :

VALID UP TO :

OFFICE CODE :

-? AGENCY CODE :-

BA00000