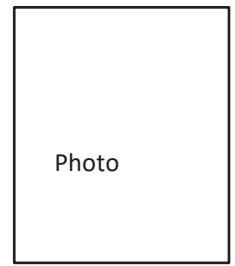


American Life Insurance Company
Narayani Complex, Pulchowk
P.O. Box: 11590, Kathmandu, Nepal



Application for Insurance Agent

Subject: Requesting for Insurance Agent License

Dear Sir/Madam,

I, as per the Insurance Act 2049, having been desirous to work as a Life Insurance agent through your company, would like to submit my application along with the required documents as listed below:

- Notarized Copy of Nepali Citizenship, Educational Marksheet (S.E.E or above), Character Certification (Same level as educational Marksheet) and Training Certificate
- Four (4) Current Passport Size Photographs
- Supporting documents of Bank Account Details and Permanent Account Number (PAN)
- License Application Fee NPR 500/- deposited with MR No. _____ Dated _____
- A duly filled up form containing my personal information, Bank Account Details, Permanent Account Number, declaration of qualification, declaration against causing any loss and damage, and the privacy consent as below.

Yours Sincerely,

Signature:

Name: _____ Date: _____

A. **PERSONAL INFORMATION** Agency Manager/Unit Manager Apply Code _____

Name _____ Spouse Name: _____

Date of Birth _____ Age _____ Sex _____ Nationality _____

Permanent Address

Ward: _____ Street: _____ City: _____ State/Country: _____

Current Address (If other than Permanent Address):

Ward: _____ Street: _____ City: _____ State/Country: _____

Mobile No: _____ Alternative No: _____ Email ID: _____

Emergency Contact details (Below number will be tried to maintain contact if above numbers are unavailable)

Name	Relationship	Contact No:

- Highest Education Qualification (Tick as applicable) S.E.E Intermediate Bachelors Masters/Above
- Occupation: _____ (Tick as applicable) Full Time Part Time

Office Name (In case of service holder/business): _____ Address: _____

Has your office disallowed you to work as an Insurance Agent? If yes, please submit full details in writing. Yes No

- Did you ever work with any other Insurance Company? Yes No If Yes, Mention 2 references related to that Insurance Company (If necessary, the company may contact them for background check)

S. No	Reference Name	Insurance Company	Contact No:

- Are you currently working with any Life Insurance Company? Yes No If Yes, Mention 2 references related to that Insurance Company (If necessary, the company may contact them for background check)

S. No	Reference Name	Insurance Company	Contact No:

- Do you or your family members work as Government official or associated with the political party? Yes No If Yes, Mention the details in the below format

S. No	Name	Relation with You	Position Held	Name of Govt. Office/ Political Party

- Do you have any of your immediate family member working with MetLife as employee, either regular or outsourced staff?
Yes No

If, Yes provide Name: _____ Position: _____ Relation: _____

B. Commission Deposit and Permanent Account Number (PAN)

I would Like to request you to deposit my commission to (Name of the Bank) _____

Account Number _____ in _____ Branch

I would also like to request to deposit the Tax Deducted at Source (TDS) of the commission through my Permanent Account Number (PAN) _____

I agree that upon depositing the earned commission/compensation/tax to the above accounts, MetLife will be free from any due liabilities.

C. Declaration as per Insurance Act, 2049 for qualification to become Insurance Agent

- Have you ever been declared bankrupt, made a general settlement with creditors or been unable to satisfy any judgement against you? If yes, please submit full details in writing. Yes No
- Have you ever been arrested or convicted of a crime? If yes, please submit full details in writing. Yes No
- Have you ever been diagnosed with any mental illness? If yes, please submit full details in writing. Yes No
- Have you ever done anything in the course of work regarding to the Insurance Business causing loss or damage to the Insurer or Insurance Policy Holder? If yes, please submit full details in writing. Yes No
- Has any other Insurance Company terminated your association? If yes, please submit full details in writing. Yes No

I, as per the Insurance Act 2049 (Article 32), have found myself qualified to work as an Insurance Agent. There are no charges against me as per the prevailing law of the country. I will not cause loss or damage to the Insurer or Insurance Policy Holder after the agent license is granted.

D. Privacy Consent

I also understand that under the Individual Privacy Act 2018, American Life Insurance Company, Nepal (MetLife) is authorized to collect, store, protect, analyze and process my Personal Information, Data and Sensitive Information including information concerning my financial and/or professional and/or personal status, as well as information related to my personal identity card, history related with health, (collectively Personal Information) to conduct insurance business and further understand that MetLife is committed to respecting privacy in the management of the Personal Information so collected and adopting the appropriate security measures to preserve it in a confidential manner. I hereby authorize MetLife to obtain/collect my Personal Information from me or any national or foreign, public or private source, if deemed necessary. I understand and confirm that my Personal Information collected and held by MetLife may be used for any present or future contractual or other commitment with any legal, regulatory, governmental, tax, law enforcement or other authorities or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on MetLife by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant legal, regulatory, governmental, tax, law enforcement or other authorities or self-regulatory or industry bodies or associations including its parent, subsidiary and related companies (whether within or outside Nepal). I also give consent to store my Personal Information digitally in a secured server/cloud base and to any necessary cross border data transfers. I also give consent to disclose said information to its vendors/third party service provider within or outside Nepal, during business processing and for business maintenance and development purposes. I hereby consent to transmit/send all kind of advertising materials in my mobile number or the electronic address that is provided to MetLife. If I have any questions concerning the Privacy Policy, I will contact MetLife offices in Nepal and/or visit MetLife's website metlife.com.np.

Witness Signature

Agency Manager/Unit Manager Name

Date: _____

Applicant Signature

License Applicant Name

Date: _____

Thumb print

Right

Left

अनुसूची ७

(नियम १९ सँग सम्बन्धित)

बीमा अभिकर्ताको ईजाजतपत्रको लागि निवेदन

फोटो

श्री अध्यक्ष,
बीमा समिति ।

बीमा एन, २०४९ को दफा ३० को उपदफा (१) बमोजिम बीमा अभिकर्ता भई काम गर्ने ईजाजतपत्रको लागि तालिम पुरा गरेको पमाण-पत्र तथा सम्बन्धित बीमकको सिफारिस सहित दहायका विवरणहरु खुलाई निवेदन गरको छु ।

- १ . पेशा :-
२. बीमा अभिकर्ता भई काम गर्नको लागि सिफारिश गर्ने बीमकको नाम:-
३. पहिला कुनै बीमकले नियक्ति गरको भए सो विमकको नाम:-
४. पहिला बीमा अभिकर्ता भई काम गरको भए त्यसको विवरण:-
५. अन्य कुराहरु:-

निवेदकको,

सहि:

नाम:

ठेगाना:

मिति: