



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

Subject: Completion of Refresher Training for Insurance Agent

I have completed the Insurance Agent Basic Training Program
 on.....(Please mention Date in A.D.).

I have received refresher training from Agency Manager (AM)/Unit Manager (UM)
 (Name.....AM UM Code.....) on
 (Please mention Date in A.D.).

The refresher training topics included product knowledge, policy administration knowledge (reinstatement, surrender, etc.), sales practices risk, prohibited activities, AML risks, disciplinary framework and other relevant areas required to perform my duty as a field force (Insurance Agent).

Insurance Agent License Applicant’s signature:
 Applicant’s Name:
 Contact No:
 Date:

Agency Manager/Unit Manager signature:
 Agency Manager/Unit Manager Name:
 Date: