IRDA

BROKER REGISTRATION AND RETURNS SUBMISSION USER MANUAL

Version History

Version No.	Date of Release	Prepared by (L&T side)	Reviewed by (L&T side)	Approved by (L&T side)	Approved by (IRDA - User department)
1.0	04-04-2014	Gargi T	Jayanti U	Babu Desikan	Rambabu

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Prerequisites

In order to access the BAP Portal and to perform activities, the below mentioned hardware and software infrastructure is required.

Field	Description
Hardware - Personal Computer / Laptop	
Processor	Intel processors Pentium 4 / i3 / i5 / i7 @ 1GHz or above
RAM	1 GB RAM or above (minimum 1GB recommended)
Hard Disk	80 GB or above HDD
Ethernet Card	10 / 100 Mbps
Printer	Laser Jet
Software	
Operating System	Windows XP (with Service Pack2), Windows Vista, Windows 7, Mac OS v 10.5
Office Utility	MS - Office 2003 or above
Browsers	Internet Explorer 7.0 to 10.0 (recommended Internet Explorer 8.0)
Java Runtime	JRE version 1.6 and above
Adobe Acrobat Reader	9.0 version
Digital Signature	Class 2 and Above

Introduction to BAP Portal

IRDA has taken an initiative of automation for facilitation of various activities that need to be undertaken by Insurance companies, surveyors, brokers and Third Party Administrators (TPAs) for regulatory compliance. This program is called the 'Business Analytics Project' or BAP as referred to henceforth.

In the current technology driven environment, this portal delivers ease of use and uniformity in routine activities like online filing of returns, submitting applications for enrollment, new license, renewals and other changes to existing licenses. This application also supports on-line clarification of queries, and provides notifications, reminders and alerts for adherence to timelines.

This initiative will ensure good communication between insurance players and IRDA. Standardized and timely collection of industry data will help IRDA in efficient supervision of insurance operations, monitoring and tracking for the development of the insurance industry in India.

Role of a Broker

Brokers are intermediaries between the prospective customers and insurers. In order to ensure that insurance and reinsurance business is transacted along proper lines, there are set out rules of conduct and licensing procedures to be followed. All brokers operating in the insurance market need to be duly licensed by IRDA and also need to submit periodic returns reporting details of the operations.

Overview

The BAP portal provides easy, one time online registration for brokers. The Insurance Broker can then perform following activities:

- New Broker Applicant Registration
- Creation of sub IDs
- Update / Delete sub Id
- Retrieve user Id/Password

Existing broker have following functionalities available in the BAP Portal:

- Submission of Returns.
- Pay Annual fees.
- View License Details
- Pay Penalty.

The employee of the broker firm can only fill the form; however the submission of the forms can be done by Authorized signatories only. Please refer to IRDA regulations for list of Authorized Signatories.

New Broker Applicant Registration

For getting a **license** from IRDA to work as a **Broker**, applicant is required to fill an online '**New User registration'** form available on **IRDA BAP Portal**. This process would only be applicable for the new brokers and not the existing brokers. For the existing brokers the Master ID credential for the organization is provided by IRDA itself.

To register on the portal:

1. Open a browser and enter the following address: www.irdabap.org.in. The **IRDA BAP** portal home page is displayed.
2. Go to **Brokers** Tab.
3. Click **Register**. The **User Registration screen** is displayed.
4. From **User Type** drop down list, select **Corporate**.
5. From **User Role** drop down list, select **Broker**. The **Corporate Registration screen** is displayed. All mandatory fields on the form are marked with an asterisk.

Figure 1: User Registration Screen

The fields in the Insurance Broker Registration Screen are explained in the following table:

Field	Description
New User Registration	
Organization Name	Enter the name of organization.
Corporate PAN No	Enter corporate PAN card number.
Applicant Type	Select either Company or Partnership Firm

Field	Description
Registered Office Address	
Address1	Enter the first line of the address.
Address2	Enter the second line of the address.
Address3	Enter the third line of the address.
Country	**India** is displayed by default.
State	Select the state from the drop-down list.
District	Select the district from the drop-down list.
City	Select the city from the drop-down list.
Region	Select the region from the drop-down list.
Pin Code	Enter your pin code number.
Correspondence Address	
Address1	Enter the first line of the address.
Address2	Enter the second line of the address.
Address3	Enter the third line of the address.
Country	**India** is displayed by default.
State	Select the state from the drop-down list.
District	Select the district from the drop-down list.
City	Select the city from the drop-down list.
Region	Select the region from the drop-down list.
Pin Code	Enter your pin code number.
Contact Details	
E mail ID	Enter your Email ID.
Alternate E mail ID	Enter your alternate e mail ID.
Contact Person	Enter the Contact Person from your organization
Contact Number	Enter your contact number

Field	Description
Registration Details	
Organization Registration ID	Enter your organization registration No.
Date of Registration	Enter your organizations date of registration
Security Question	
Security Question	Select a security question from the drop-down list.
Security Answer	Enter the answer for the selected security question. Please note down the security question and answer, as these would help you retrieve your user ID/password in case you forget them.
Verification Code	
Enter Verification Code	Enter the case-sensitive verification code.

6. Enter the relevant information and click **Submit**. An **Acknowledgement dialog box** is displayed along with your **User ID**, notifying that the registration is successful.

Figure 2: Acknowledgement Message

7. Click **OK**. The user ID and password are sent to your registered email ID.

8. User ID created is the **Master ID** of your organization. This is used to create and manage **Sub IDs**.

9. After you have registered in the portal, you can create sub ids for **2 Authorized signatories** and **1 Employee** of your organization.

If you try to create multiple accounts by entering same registration number, a "**User already exists**" error message is displayed.

Figure 3: Duplicate User Error Message

Login Process

To access the portal:

To access the BAP portal, you need to login by entering valid credentials.

1. Open a browser and enter the following address: www.irdabap.org.in. The **IRDA BAP portal** home page is displayed.
2. Click **Login**. The IRDA BAP portal login screen is displayed.

Figure 4: Login Page Screen

3. In **User** field, enter your **user ID**.
4. In **Password** field, enter your **password**.
5. Click **Log On**. User Profile will be displayed, along with your **Name** on the screen.
6. The **Change Password** screen is displayed if you are logging in for the first time or if   your current password is in use or 45 days or more. Otherwise, the User Profile page is displayed.
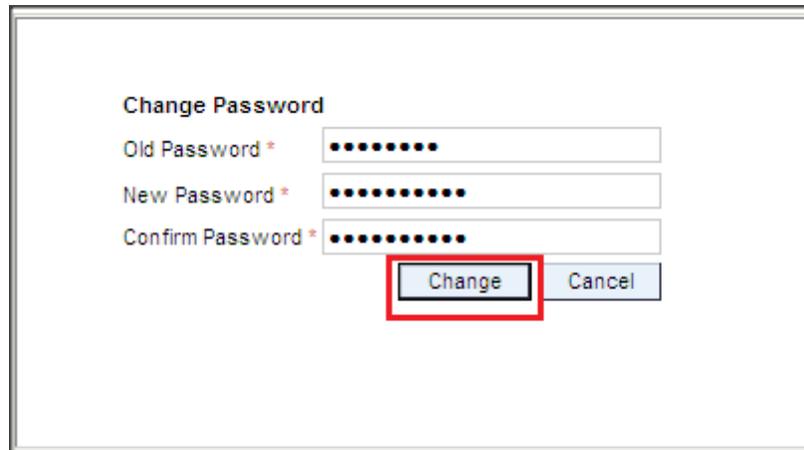
Figure 5: Change Password Screen

Follow the below steps to Change Password:

1. In **Old Password** field, enter your current password.
2. In **New Password** field, enter your new password.
3. In **Confirm Password** field, re-enter your new password.
4. Click **Change**. Click **Cancel** to go back to the **login screen**.

To Log Off from the portal:

1.   Click **Log Off**. A Log Off confirmation dialog box is displayed.
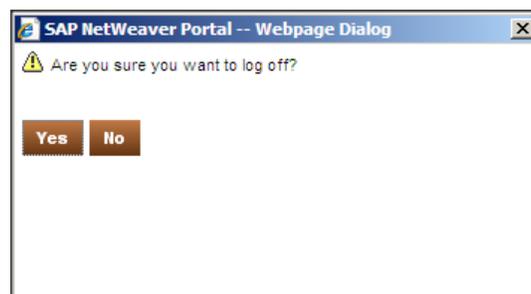
Figure 6: Log off Screen

2.   Click "**Yes**" to log out. Else, Click "**No**" to go back to the previous screen.

Points to Remember

For User ID:

- Master ID will never be locked.
- For Updation of Sub ID details, select the desired sub ID and click on 'Update' button, system will display selected User ID record for editing. You can update the designation, Email ID and Contact number of the Sub ID, and then click on button 'Update ID'.
- For deletion of sub ID, select desired sub ID and click on 'Delete' button, system will display User Confirmation message shown as below:

    "Are you sure you wanted to delete the User ID <xxxxx>"

- If you select 'Yes', then system deletes the User ID, however this is a soft delete. If you wish to create new sub ID, you can do so by clicking on menu 'Create Sub ID'.
- If you select 'No' then User ID remains same and control remains on same screen.
- On clicking 'Cancel' button will redirect you to previous page.

For Password:

- Your account will be locked after you make three unsuccessful attempts to log into the portal.
- In case of password change, your new password must be different from the last five passwords.
- In case you forgot your password, click on 'Forgot User ID/Password' on login screen.
  It will redirect you to 'Retrieve User ID/Password'.

Retrieve Credentials

If you forget your login credentials, you can retrieve them using the **Retrieve User ID/ Password** option.

To Retrieve User ID:

1. On the **IRDA BAP** portal **login screen**, click **Forgot Password/User ID**. The **Retrieve User ID/Password screen** is displayed.

Figure 7: Retrieval Page

2. In **Retrieve Type**, select **User ID**. Additional fields are displayed.
3. From **User Type** drop-down list, select **Corporate.**
4. From **Corporate** Type, select **Broker**.
5. From **Retrieve**, select the type of ID that you need to retrieve.
6. If you try to retrieve **Master/ Organization ID** then you will be prompted to enter **Registration Number**.
7. If you try to retrieve **Sub Login ID** then you will be prompted to enter **Master ID** and **Registered Sub Login Email ID.**

Figure 8: Retrieve Master/Organization ID Options

8. Click **Retrieve User ID**. An **Acknowledgement** dialog box is displayed as shown below, notifying that your **user ID** has been sent to your registered Email ID.
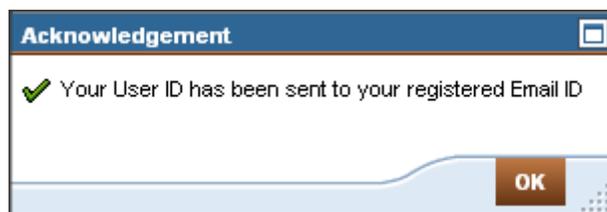
Figure 9: User ID Retrieval Confirmation Message

9. Click **OK.**

Retrieve Sub Login ID

1. On the **login screen**, click **Forgot User Id / Password**. The **Retrieve User ID/Password** screen is displayed.

Figure 10: Retrieve User ID/Password Selection

2. In Retrieve Type, click **User ID**. Additional fields are displayed.

3. From **User Type** drop-down list, select **Corporate**.

4. From **Corporate Type** drop-down list, select **Broker**.

5. In Retrieve, click **Sub Login ID**. Additional fields are displayed.

6. In the **Master ID** field, enter the **Master ID**.

7. In the **Registered Sub Login ID**, enter your registered **E-mail ID.**

Figure 11: Retrieval Sub Login ID

8. Click **Retrieve User ID**. An **Acknowledgement dialog box** is displayed notifying that your **User ID** has been sent to your registered email ID.
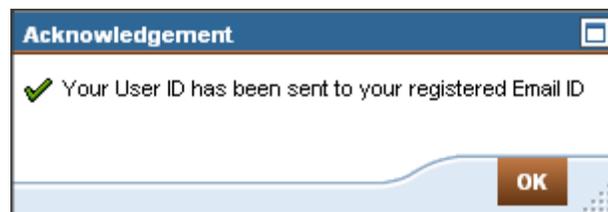
Figure 12: User ID Retrieval Confirmation Message

9. Click **OK**. The User ID is sent to your registered email ID.

To Retrieve Password:

1. On the **login screen**, click **Forgot User Id / Password**. The **Retrieve User ID/Password** screen is displayed.

2. In Retrieval Type, select **Password**. Additional fields are displayed.

Figure 13: Retrieve Password Options

3. In **User ID** field, enter your user ID.

4. Click **Submit**. Additional fields are displayed.

Figure 14: Additional Retrieve Password Options

5. From **Security Question** drop-down list, select the question that you had selected while registration.

6. In **Security Answer** field, enter the answer to the security question.

Figure 15: Retrieve Password Process

7. Click **Retrieve Password**. An **Acknowledgement** dialog box is displayed, notifying that your password has been sent to your registered Email ID.
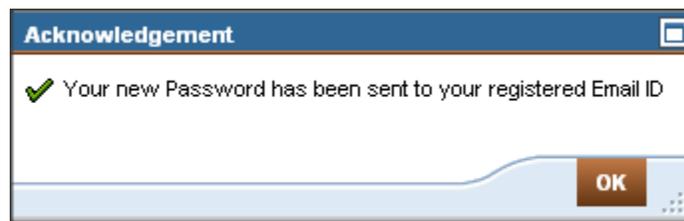
Figure 16: Retrieve Password Process

8. Click **OK.** The password is sent to your registered email ID.

If you enter incorrect retrieval information, an error message is displayed stating that the entered details could not be verified.
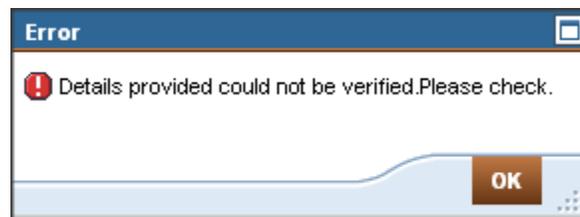
Figure 17: Incorrect retrieval information error message

User Profile for Master ID

When you login to the portal, the User Profile screen is displayed. On this screen, you can change password and update your profile.

Figure 18: User Profile Screen for Master ID

To Change Password:

1. On the User Profile screen, click **Change Password**. The Change Password screen is displayed.

Figure 19: User Profile - Change Password screen

2. In **Old Password** field, enter the **current password**.
3. In **New Password** field, enter the **new password**.

4. In **Confirm New Password** field, re-enter the **new password**.

5. Click **Change Password**. An **Acknowledgement dialog box** is displayed notifying that your password has been changed successfully. Click **OK**
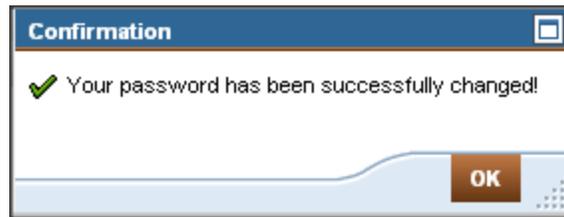
Figure 20: Password Change Confirmation Message

To Update User Profile:

1. On the **User Profile screen**, click **Update User Profile**. The **Update User Profile screen** is displayed. Through this screen you can only update only your contact details. The Email address of the Master ID should start with **"po_[Organization Name]"**

Figure 21: Update User Profile Screen

2. Click **Submit**. An **Acknowledgement dialog box** is displayed notifying that your profile has been successfully updated.

Figure 22: User Profile Update Confirmation Message

3. Click **OK**.

User Profile for Sub Login ID

When you login to the portal as a Broker Sub ID, the User Profile screen is displayed.

1. You need to first enter your security question and answer.

Figure 23: Updating Security Question and Answer

2. Click **Submit.**

Figure 24: User Profile Screen for Sub Login ID

You can change password and update your profile. You also need to register your digital signature from this page.

To Change Password:

1. On the User Profile screen, click **Change Password**. The **Change Password screen** is displayed.

Figure 25: User Profile - Change Password screen

2. In **Old Password** field, enter the **current password**.
3. In **New Password** field, enter the **new password**.
4. In **Confirm New Password** field, re-enter the **new password**.

5. Click **Change Password**. An **Acknowledgement dialog box** is displayed notifying that your password has been changed successfully.
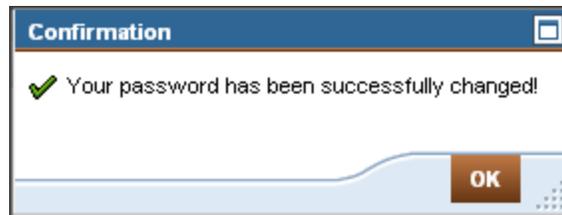
Figure 26: Password Change confirmation message

6. Click **OK.**

To Update User Profile:

1. On the User Profile screen, click **Update User Profile**. The **Update User Profile screen** is displayed. Through this screen you can only update only your security question and answer.

Figure 27: Update User Profile screen

2. Click **Submit**. An **Acknowledgement dialog box** is displayed notifying that your profile has been successfully updated.
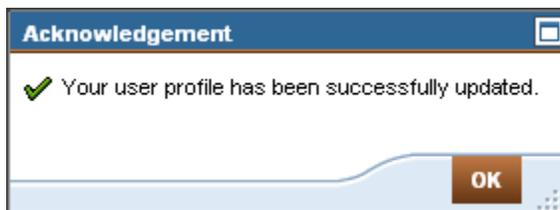
Figure 28: User Profile Update Confirmation Message

3. Click **OK**.

Register Digital Signature is displayed in User Profile of Authorized signatory only.

Description of the menu tabs for Master IDs

The Master ID screen contains the following menu tabs:

1. **Creation of Sub ID** – You can create sub ids for Authorized signatories and employees of the company. You are allowed to create **two** sub ids for **authorized signatories** and one for **employee.**

2. **Update/ Delete Sub ID** – You can update the **designation**, **Email id** and **contact number** of any of the Authorized signatory and employee. At the same time you can also delete any of the Authorized signatory / employee ids created on the portal.

Description of the menu tabs for Sub ID

The Sub ID screen contains the following menu tabs:

1. **Returns:** Allows you to submit returns that include information related to the business conducted by the firm during the financial year.

2. **Pay Annual fees:** Allows you to pay the annual fees with details such as payment amount, due date etc.

3. **View License Details**- Allows you to view the status and other information related to License.

4. **Pay Penalty:** Allows you to view and pay the penalties imposed on you by IRDA.

Digital Signature

In **Digital Signature,** you need to register the digital signature that you want to use for your Insurance Broker. You can obtain the digital signature from several companies/authorities/ agencies that provide them. Out of the two Authorized Signatories, one should be a **Director** and the other should be a **Principal Officer**

There are two options by which you can register your digital signature.

- **Option 1**: Uploading the digital signature through the BAP portal - In this option you can upload your digital signature through the BAP portal and then register it. Then, whenever you need to attach the signature, you need to upload the signature again.

- **Option 2**: Importing the digital signature on your browser - In this option, you can upload the digital signature in any windows based browser and then register it. Then, whenever you need to attach the signature, you just need to select the **Attach Digital Signature** check box and select the signature that you have imported on the browser.

Option 1 - Uploading the digital signature through the BAP portal:

1. On the **User Profile** screen, click **Register Digital Signature**.

Figure 29: User Profile screen

Figure 30: Web Signer dialog box

2. Click **P12/PFX** tab.

3. Click **Browse** to search for the digital signature and click **OK** to upload it. The **Password required** dialog box is displayed.
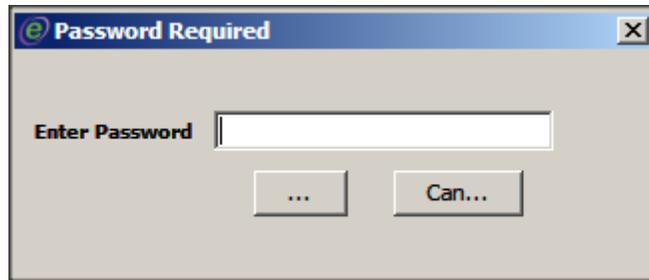
Figure 31: Password required dialog box

4. Enter the password provided by the digital signature provider and click **OK**. The details of the uploaded digital signature are displayed in a table.
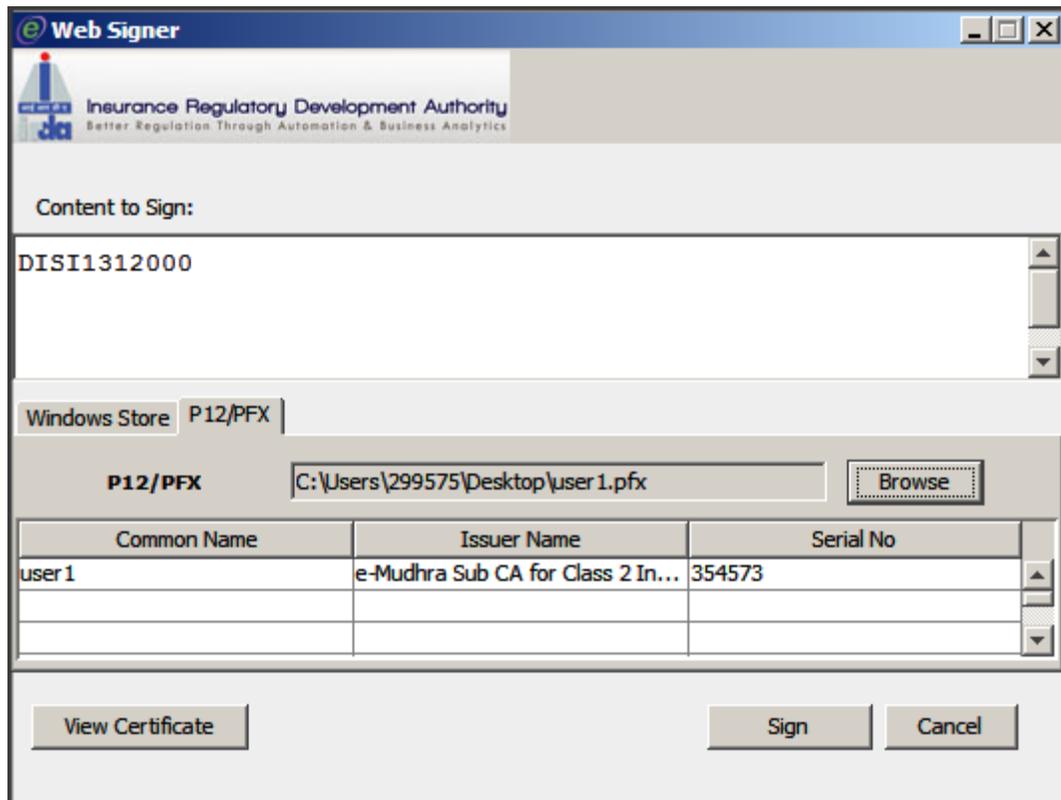
Figure 32: Web Signer dialog box displaying the uploaded signature

5. Select the signature from the table and click **Sign**. Again, the **Password Required** dialog box is displayed.

6. Enter the password provided by the digital signature provider and click **OK**.
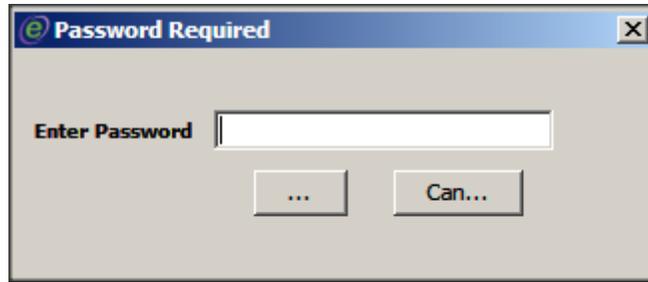
Figure 33: Password required dialog box

The **Web Signer** dialog box closes and a success message is displayed in the **User Profile** screen notifying that the digital signature is successfully uploaded.

If you register the signature through this option, then, whenever you need to attach the digital signature for any form, you will need to go through the entire process.

Option 2 - Importing the digital signature on your browser:

1. Double click the digital signature certificate. The **Certificate Import Wizard** opens.

2. Click "**Next**" twice. The wizard asks you for the password of the digital signature.

3. Enter the password and click "**Next**" twice.

4. Click **Finish**.

5. Login to the BAP portal.

6. On the **User Profile** screen, click **Register Digital Signature**. The **Web Signer** dialog box opens. The available signatures are displayed in a table.
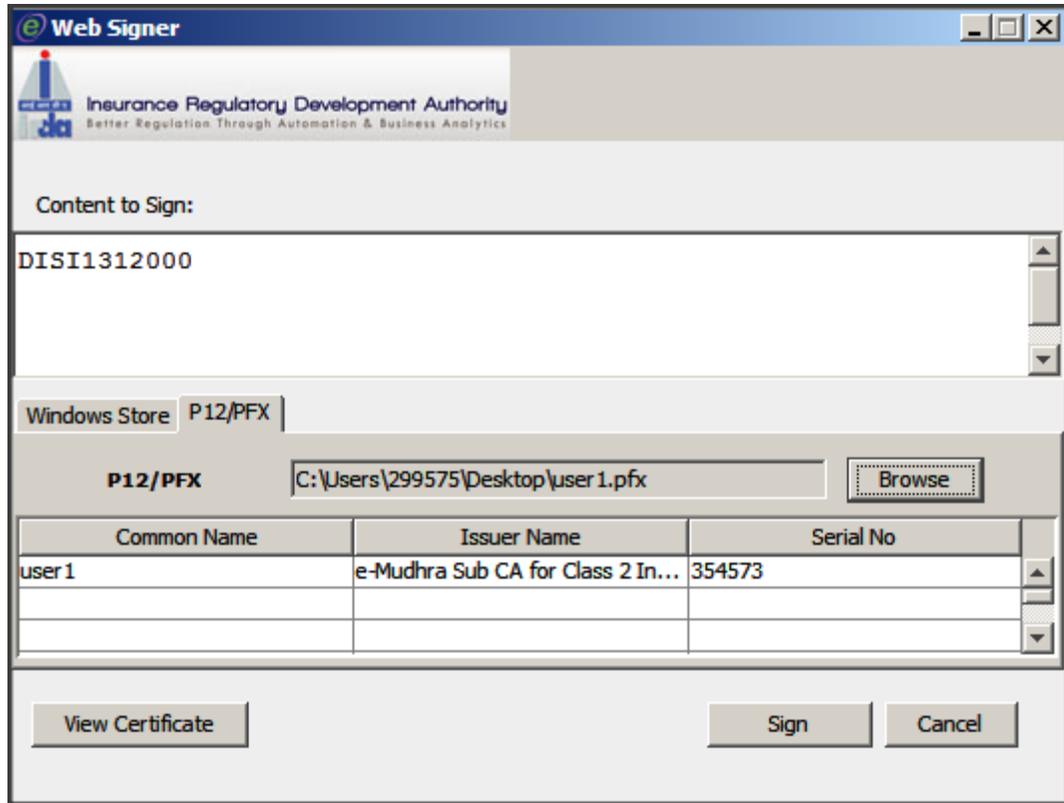
Figure 34: Web Signer dialog box displaying the uploaded signature

7. Select the signature that you want to register and click **Sign**. Now, whenever you need to attach the digital signature for any form, you just need to click the **Attach Digital Signature** button and then select the desired sign.

For importing the digital signature on your browser, you need to have the following installed:

- Java Runtime Environment 1.6 and above

- Internet Explorer 7 and above

Creation of Sub IDs

As an Insurance Broker, you can create 3 sub login IDs on the BAP Portal, using your Master or Organization ID. Two of these sub IDs created are for the two Authorized signatories of the company who will digitally sign the applications and returns, and third sub ID is for the Employee.

Creating a New Sub ID

1. Click **Create Sub ID**.
2. The create sub id screen will open. All mandatory fields on the form are marked with an asterisk (*)

Figure 35: Create Sub ID Screen

The details on Create Sub ID screen are explained in the following table.

Field	Description
First Name	Enter First Name of the authorized signatory/employee
Middle Name	Enter Middle Name of the authorized signatory/employee
Last Name	Enter Last Name of the authorized signatory/employee
Designation	If the sub id is to be created for an authorized signatory, then select authorized signatory. If the sub id is to be created for an employee, then select employee.
PAN Number	Enter PAN number of the authorized signatory/employee
Email ID	Enter Email Id of the authorized signatory/employee
Date of Birth	Enter Date of Birth of the authorized signatory/employee
Contact Number	Enter Contact number of the authorized signatory/employee

3. Click **Create ID**. An **Acknowledgement dialog box** is displayed along with your User ID details, notifying that the registration is successful.
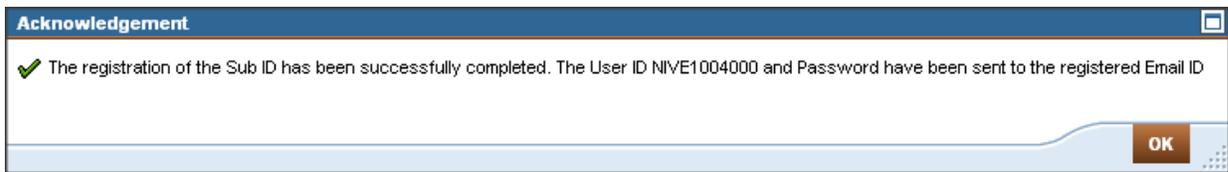
Figure 36: Sub ID Creation Confirmation Screen

4. Click **OK**.
5. Click **Cancel** will take the user to the previous page without saving any information filled on this page.
6. Clicking on **Clear** will clear all contents filled on this screen.

- You are allowed to create only 3 sub ids. Please delete any existing sub ids which are not required anymore for creation of new sub ids.
- For creation of sub IDs for new authorized signatories' broker should inform IRDA about the changes first through the changes during licensing period form, get the approval, then only respective Broker will be allowed to create sub IDs for new authorized signatories.
- Out of the two Authorized Signatories ,one should be a Director and the other should be a Principal Officer

Updating a Sub ID

You can update the details of the sub ID's created as well.

Updating a Sub ID

1. Click **Update Sub ID** link.

Figure 37: Update/Delete Sub ID Screen

2. Select the **User Id** to be updated and Click **Update** to view Update/Delete ID Screen.

Figure 38: Update Sub ID Screen

3. You can update the **Designation**, **Email ID** and **Contact Number** for the **Sub ID** created.

4. Click **Update ID**. An **acknowledgement** message will be displayed on screen.
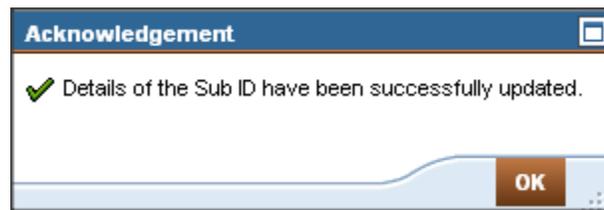
Figure 39: Successful updating Acknowledgement Dialog Box

5. Click **OK**
6. Click **Cancel** will take the user to the previous page without saving any information filled on this page

Deleting a Sub ID

As an Insurance Broker, you can delete the details of the sub ID's created by you.

To Delete Sub ID:

1. Click on **Update/Delete Sub ID**. List of all the created Sub IDs will be displayed

Figure 40: Update/Delete Sub ID Screen

2. Select the Sub ID which you want to delete and click on **Delete**, a Confirmation dialog box is displayed.

Figure 41: Delete Sub ID Screen

3. A **confirmation Message** will be displayed, with **Yes** and **No** button.
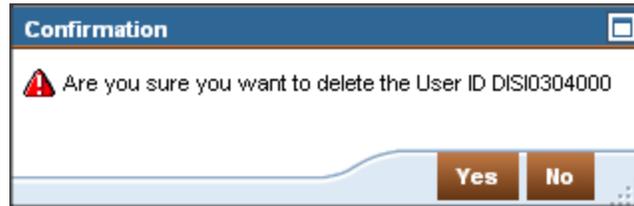
Figure 42: Message Pre-Deletion

4. If you want to proceed with deleting the user account then Click "**Yes"** else click "**No"**.
5. If you click "**Yes"**, the sub id will be deleted. If you click "**No"**, you will go back to the **Update/ Delete sub id screen**.
6. Click **Cancel** will take the user to the previous page without saving any information filled on this page.

Pay Annual Fees

This form captures the details of annual fees to be paid with details such as payment amount, due date, etc.

How to Pay Annual Fees:

1. C lick **Broker** tab.
2. Select **Licensing** and **Pay Annual Fees** menu. **Annual Fees Data Internal Form** is displayed.
3. Select the **Year** for which the Annual Fees needs to be submitted.

Figure 43: Pay Annual Fees Screen

The fields in the screen are described in the following table. All mandatory fields on the form are marked with an asterisk (*)

Field	Description
Brokerage Income	Enter Brokerage Income
Annual Fees to be Paid (based on Broker category)	Enter Annual Fees to be Paid
Date of finalization of accounts	Enter Date of Finalization of accounts
Fee Payment Due Date (c+15 days) or 30th Sept whichever is earlier	Enter Fee Payment Date
Whether certificate from an auditor is attached (Yes/No)	Select either "Yes" or "No"

4. Select the **declaration statement** and Click on **Submit** button.
5. A **confirmation message** is displayed. Select **Yes** to proceed ahead.
6. On Clicking 'Yes' it will display an Alert message.

Alert

Annual fees to be paid is below the limits defined in the regulations as per the broker category.You need to pay the minimum fees defined as per the broker category

Ok
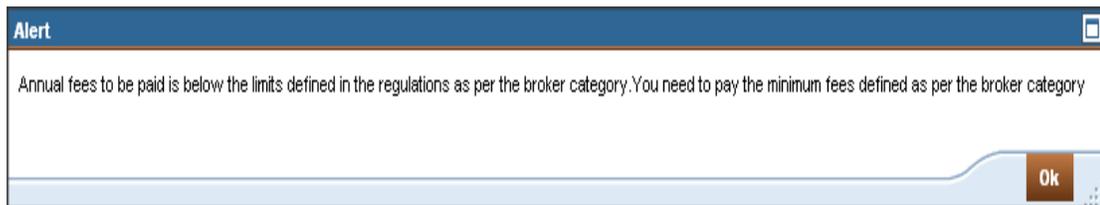
Figure 44: Alert Message

7. If Current date is greater than fee payment date, Penalty would be imposed, If not It will direct to Payment Gateway.

Message

The current date is past the fee payment due date.An additional amount of 10 % of annual fees will be charged as penalty.

Ok
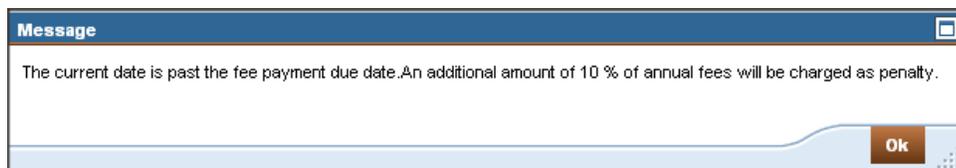
Figure 45: Alert Message

8. A **Summary** message will be displayed.
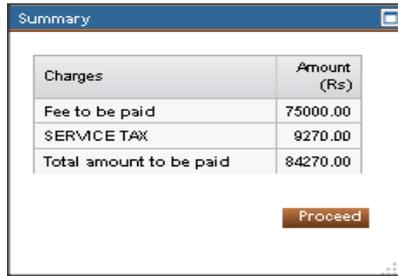
Figure 46: Summary message for Fees Payment
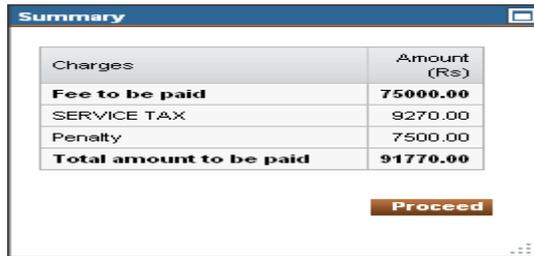
Figure 47: Summary message for Fees Payment along with Penalty

9. On clicking '**Proceed**' it will direct you to payment gateway.
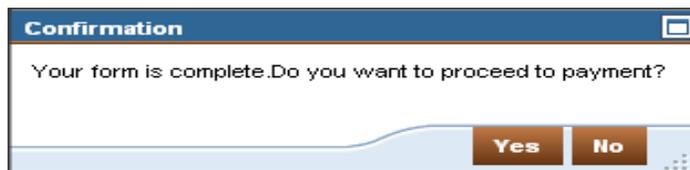
Figure 48: User Confirmation screen for Payment procedure

10. **Make Payment Screen** will be displayed on click of "**Make Payment**" button.
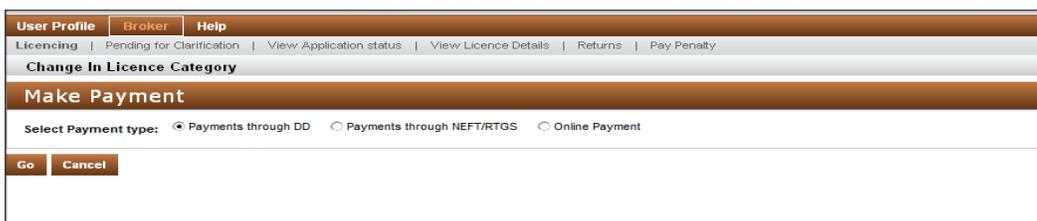
Figure 49: Make Payment Screen

Select the desired payment type and click **Go** to make payment through that type. The different payment types are explained below.

- **Payment through DD** - Select this payment type if you want to make your payment through demand draft. You need to create the demand draft first and then enter its details in this payment type.

Figure 50: Demand Draft Details screen

The fields in this payment type are explained in the following table.

Field	Description
Instrument number	Enter the demand draft number.
Amount to be paid (Rs.)	The amount payable is displayed by default.
Bank Name	Enter the name of the bank from which you created the demand draft.
Amount of Instrument (Rs.)	Enter the amount of the demand draft.
Instrument Date	Select the date when you created the demand draft.

Payment through NEFT/RTGS - Select this payment type if you want to make your payment through NEFT/RTGS. For this payment type, applicant/broker need to first transfer the money to IRDA's account through NEFT/RTGS and then enter the payment details in this payment type. Please contact IRDA for Account details to do the money transfer.

Figure 51: NEFT/RTGS Details screen

The fields in this payment type are explained in the following table.

Field	Description
Acknowledgement No.	Enter the acknowledgement number received after making the online payment.
Amount to be paid (Rs.)	The amount payable is displayed by default.
Bank Name	Enter the name of the bank through which you made the payment.
Enter your IFSC code	Enter the IFSC code of your bank branch.
Date of Payment	Select the date when you made the payment.
Enter your Account Number	Enter your bank account number.
Amount of Payment (Rs.)	Enter the amount of the payment made.

7. Enter the necessary details for the selected payment type and click **Submit**. On successful Payment a Transaction Confirmation box is displayed containing the Transaction ID. On clicking 'Ok' option an **Acknowledgement** dialog box is displayed containing the **Unique Reference Number (URN)**.
8. Click **OK**.

The buttons available on the screen are explained in the following table.

Field	Description
Fill Form	Click to fill the Internal form
View Submitted Form	Click to view the submitted forms in read only mode.
Edit Submitted Form	Click to edit the submitted forms in the current bunch.
Submit	Click to Submit the completed form
Save as Draft	Click to save all the data entered in the form. You can use this option if you want to submit the form at a later time.
Print	Click to get a printed document
Clear	Click to clear the data entered.
Cancel	Click to stop the application processing. This will clear any entered data.
Make Payment	Click to go to Payment Screen

View License Details

In **View License Details**, you can view your license number, broker name, categories in which you hold a license, effective date, expiry date, address, principle officers details, directors details and share holding pattern.

To view License Details screen:

1. Click **Broker** tab.
2. Click **Licensing** tab.
3. On the **Licensing** screen, click **View License**. The **View License** screen is displayed. You can view your license details like license number, status, Broker Name, License Category, effective date, expiry date and address, Director's Details, Shareholders Pattern.

Figure 52: View license Details

All the information displayed is in read-only mode.

Pay Penalty

IRDA may levy a penalty on you if you are found guilty of misconduct or there is delay in submission of your returns. In **Pay Penalty**, you need to pay the penalty amount imposed on you.

To pay the penalty amount:

1. Click **Broker** tab.

2. Click **Pay Penalty**. The **Pay Penalty** screen is displayed containing the list of penalties that you need to pay.

Figure 53: Pay Penalty Screen

The fields in the **Pay Penalty** screen are explained in the following table.

Field	Description
Penalty Id	Displays the id of the penalty imposed.
Amount	Displays the amount of the penalty imposed.
Penalty Details	Click the View Penalty Details link to view details of the penalty imposed.

3. Click the check box icon corresponding to the penalties that you want to pay.

Figure 54: Total Amount Displayed in the Pay Penalty Screen

4. The total amount that you have selected to pay is displayed in the **Total Amount** field.

5. Click **Make Payment**. The **Make Payment** screen is displayed.
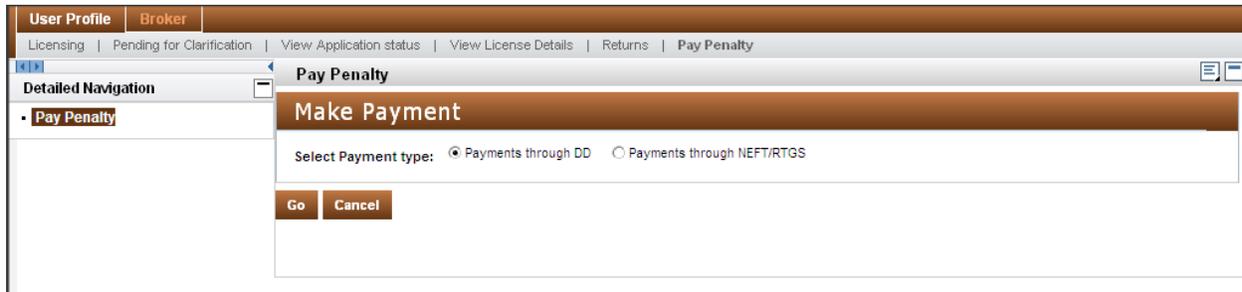

Figure 55: Make Payment Screen

6. Select the desired payment type and click **Go** to make payment through that type. The different payment types are explained below.

- **Payment through DD** - Select this payment type if you want to make your payment through demand draft. You need to create the demand draft first and then enter its details in this payment type. The fields in this payment type are explained in the following table.
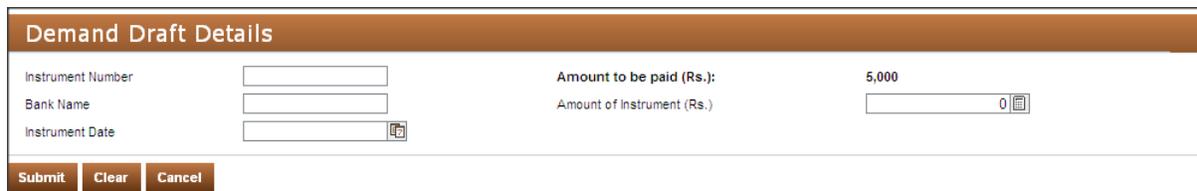
Figure 56: Demand Draft Details Screen

Field	Description
Instrument number	Enter the demand draft number.
Amount to be paid (Rs.)	The amount payable is displayed by default.
Bank Name	Enter the name of the bank from which you have bought the demand draft.
Amount of Instrument (Rs.)	Enter the amount of the demand draft.
Instrument Date	Select the date when you have issued the demand draft

- **Payment through NEFT/RTGS** - Select this payment type if you want to make your payment through NEFT/RTGS. For this payment type, you need to make payment to IRDA through NEFT/RTGS and then enter the payment details in this payment type. The fields in this payment type are explained in the following table.

Figure 57: NEFT/RTGS Details screen

Field	Description
Acknowledgement No.	Enter the acknowledgement number received after making the online payment.
Amount to be paid (Rs.)	The amount payable is displayed by default.
Bank Name	Enter the name of the bank through which you made the payment.
Enter your IFSC code	Enter the IFSC code of your bank branch.
Date of Payment	Select the date when you made the payment.
Enter your Account Number	Enter your bank account number.
Amount of Payment (Rs.)	Enter the amount of the payment made.

7. Enter the necessary details for the selected payment type and click **Submit**. An **Acknowledgement** dialog box is displayed containing the Unique Reference Number (URN).

8. Click **OK**.

Returns

All Brokers doing business are mandated to periodically submit to the Insurance Regulatory & Development Authority, IRDA, details regarding their operations. IRDA collects periodic returns from Brokers that elicit the details of their operations in various dimensions, and ensures that there is an asset-liability balance at all times.

Each return has to be filled as per the frequency and submission due date. Reminders will be sent 2 days before the due date for submission of the returns. Returns for the current period cannot be filled until the forms for all previous period are submitted. Example: Broker must submit the returns for the Q2 period before filling in the returns for Q3 period.

Frequency and Due date of Returns:
- Annual- 30th of June
- Half Yearly- 31st October and 30th of April
- Quarterly -15th of the month following end of quarter

For applying for the renewal application, returns for all the previous 3 years should be duly filled by the Broker before applying for renewal of License.
The returns can be filled by the directors/employees and can be submitted only after it is digitally signed by both the directors. There is only way of filling each form. You have to directly enter the details in the form on the BAP system.

To Fill Returns:

1. Click **Brokers** tab.
2. Click **Returns** tab.
3. Select the appropriate **time period** for which you want to **submit** returns (Annual/half yearly/ quarterly). **Returns screen** will be displayed.

Figure 58: Returns Screen

The buttons available and their use, in the **Returns screens** above are explained below in the table:

Buttons	Description
Fill Forms	Click to fill forms for the particular periods
Attach Digital Signature	Click to attach the Digital Signature
Submit Forms	Click to submit all forms under the current bunch.
View Submitted Form	Click to view the submitted forms in read only mode.
Edit Submitted Forms	Click to edit the submitted forms in the current bunch.
Save	Click to Save the filled form
Cancel	Click to stop the application processing. This will clear any entered data.
Save as Draft	Click to save all the data entered in the form. You can use this option if you want to submit the form at a later time.
Clear	Click to clear the data entered.

The screen also displays 3 legends with different colors representing the status of the Returns. The colors depicted are as below:

Legends	Description
Red	Blank Forms have Red color As below: 🔴 Business Data for Insurance Brokers
Yellow	Partially filled forms have yellow color As below: 🟡 Reinsurance Balances Outstanding
Green	Completely filled /saved forms have green color As below: 🟢 Business Data for Insurance Brokers (Life Insurers)
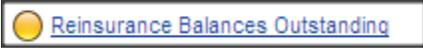
For Filing Returns:

- Fill all the Forms under a particular Return Category (Annual/Half Yearly /Quarterly)
- If the form is partially filled (or save as draft) the legend will change into yellow color.
- Once you completely fill the form click on save button to save, form will get validated by system and legend will change into green color.
- Now Your Return bunch (Annual/Half Yearly/ Quarterly) is ready for submission.

For Submitting Returns:

- Click **Submit Forms** button to submit all the forms under the current bunch.
- **Attach Digital Signature** button is displayed; you can attach the digital signature by clicking on **Attach Digital Signature** button.

Figure 59: Submit Forms Returns Screen

- Both the Authorized signatory must attach digital signature before submitting the forms.
- On submitting the entire bunch of a particular Return category (Quarterly, Yearly, Half Yearly), URN will be generated.
- Note down the URN for future references.
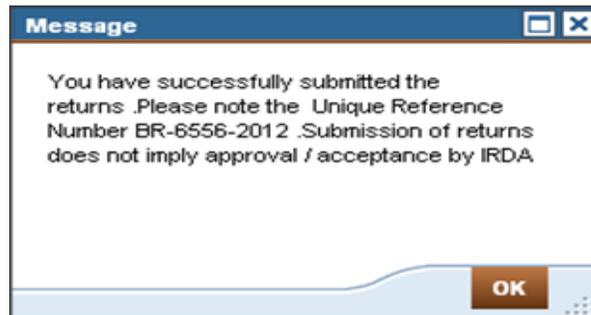
Figure 60: User Confirmation Message

- Once the returns are submitted, you cannot edit the details and the return bunch is locked. To unlock the forms/ returns, Contact IRDA and request for unlocking the desired returns

Quarterly Returns

To fill Quarterly returns

1. Click **Brokers**.
2. Click **Returns.**
3. Click **Quarterly**. Select the **Quarter** and **Year**.
4. Click **Fill Forms** Button. The status of the form (Completed form, in progress form or Blank form) is displayed and a link is provided to the form.

Figure 60: Quarterly Returns

5. Click on the respective form whose return is to be filled.

Business Data for Brokers

This form captures broker wise and client wise business data for brokers.

To fill Business Data for Brokers

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Quarterly** tab Select the **Quarter & year** for which the returns need to be filled.
4. Click on **Fill Forms.**
5. Click **Business Data for Brokers** link, the respective return form is displayed.

Figure 61: Business Data for Brokers Screen

Business Data for Insurance Brokers (Life)

This form captures new business data for life Insurers. The form captures information for Individual and Group Business

To fill Business Data for Insurance Brokers (Life Insurers)

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Quarterly** tab Select the Quarter & year for which the returns need to be filled.
4. Click on **Fill Forms.**
5. Click **Business Data for Insurance Brokers (Life)** link, the respective return form is displayed.

Figure 63: Business Data for Insurance Brokers (Life)

The fields on the screen are explained in the following table

Field	Description
Life Business	
No of policies	Enter No of policies for Individual Business
Premium Amount	Enter Premium amount for Individual Business
Brokerage Income	Enter brokerage Income for Individual Business
No Of Lives Covered	Enter No of Lives covered in Group Business
Premium Amount	Enter Premium amount for Group Business
Brokerage Income	Enter brokerage Income for Group Business

6. Fill in the entire form and click **Save.** The Acknowledgement message box is displayed
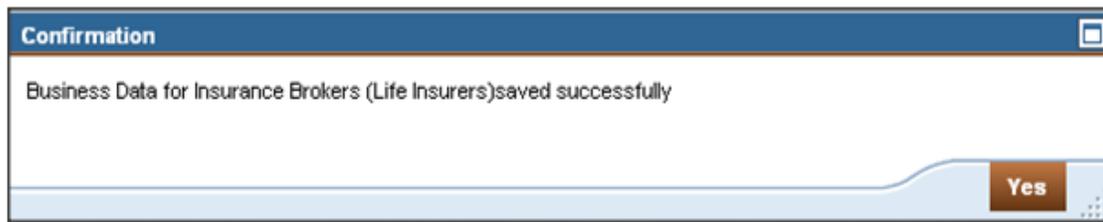
Figure 63: Acknowledgment Message for Business Data

7. Click **Save.**

Enter **numeric zero** for the number of policies field while recording the rider data in the form

Business Data for Brokers (General Insurers)

This form captures new business data for General Insurers

To fill Business Data for Brokers (General Insurers)

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Quarterly** tab Select the **Quarter** & **year** for which the returns need to be filled.
4. Click on **Fill Forms.**
5. Click **Business Data for Brokers (General)** link, the respective return form is displayed.

Figure 65: Business Data for General Screen

The fields on the screen are explained in the following table

Field	Description
General Business	
No of policies	Enter No of policies for Motor, Health, Engineering, Marine Cargo, Misc., Liability, Fire, Marine Hull
Premium Amount	Enter Premium for Motor, Health, Engineering, Marine Cargo, Misc., Liability, Fire, Marine Hull
Brokerage Income	Enter brokerage Income for Motor, Health, Engineering, Marine Cargo, Misc., Liability, Fire, Marine Hull

6. Fill in the entire form and click **Save.** The Acknowledgement message box is displayed
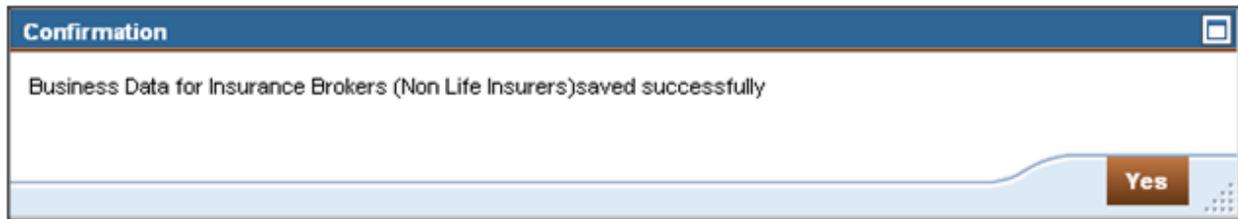
Figure 66: User Confirmation Message

7. Click **Save.**

Information on opening/ closing branches, Change of registration/ branch office

To fill Information on opening/closing branches, change of registration office

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Quarterly** tab Select the **Quarter** & **year** for which the returns need to be filled.
4. Click on **Fill Forms.**
5. Click **Information on opening/closing branches, change of registration/branch office** link, the respective return form is displayed.

Figure 67: Particulars of registered/branch office screen

The fields on this screen are described in the following table.

Field	Description
Branch Office Details	
Address of Office	Enter Address of Branch Office
Area Type	Select the Area Type of the Branch Office whether Rural/ Urban or Semi Urban
State	Select State of Branch Office from dropdown table
District	Select District of Branch Office from dropdown table
City	Select City of Branch Office from dropdown table
Person in charge	Enter Person in charge of Branch Office
No of broking staff	Enter the No of broking staff that will be present at the branch office. These would be the people who have passed the broking exam
No of other staff	Enter no of other staff (non-broking) present at the branch office
Date of Opening of office	Enter the date of opening of this branch office
Whether in Operation or not (Yes/No)	Enter whether the branch office is in operation or not
Date of Closure	Enter the date of closure of the branch office if any
Registered Office Details	
Address of Office	Enter the Address of Registered office
Area Type	Select the Area Type of the Registered Office whether Rural/ Urban or Semi Urban
State	Select State of the Registered Office from dropdown table
Activities	Enter activities performed in this registered office
Person in charge	Enter person in charge of this registered office
No of broking staff	Enter the No of broking staff that will be present at the registered office. These would be the people who have passed the broking exam
No of other staff	Enter no of other staff (non- broking) present at the registered office

Whether a head office (Yes/ No)	Enter whether the registered office is the head office or not
Whether in operation or not	Enter whether the registered office is in operation or not
Upload Documents	
Document Proof	Attach the Document proof
Copy of lease agreement	Attach the Copy of lease agreement
Broker exam passing certificate of person heading the branch	Attach the Broker exam passing certificate of person heading the branch
Change in registered office return filed with ROC and copy of lease agreement	Attach the Change in registered office return filed with ROC and copy of lease agreement

6. Click **Save.**

If there are no branches then enter the **registered office** details into the **branch office** table.

Annual Returns

To fill Annual returns

1. Click **Brokers**
2. Click **Returns**
3. Click **Annual Returns** tab.
4. Select **Year** value from the drop down menu of Year.
5. Click **Fill Form** buttons. **.** The status of the form (Completed form, in progress form or Blank form) is displayed and a link is provided to the form.

Figure 68: Annual Returns Screen

6. Click on the respective form whose return is to be filled.

Reinsurance Balances Outstanding

This form will capture information regarding your reinsurance balances outstanding.

To fill Reinsurance Balances Outstanding

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual returns** tab. Select the **year** for which the returns need to be filled.
4. Click **Fill Forms.**
5. Click **Reinsurance Balances Outstanding** link, the respective return form is displayed.

Figure 69: Reinsurance Balance Outstanding Screen

The fields on the screen are explained in the following table

Field	Description
Amount outstanding for the period of	Enter amount outstanding for the period of 0-3 months, 3-6 months, 6-12 months, Over 12 Months and Total amount outstanding

6. Fill in the entire form and click **Save.** The Acknowledgement message box is displayed

Confirmation

Reinsurance balances data saved successfully

OK
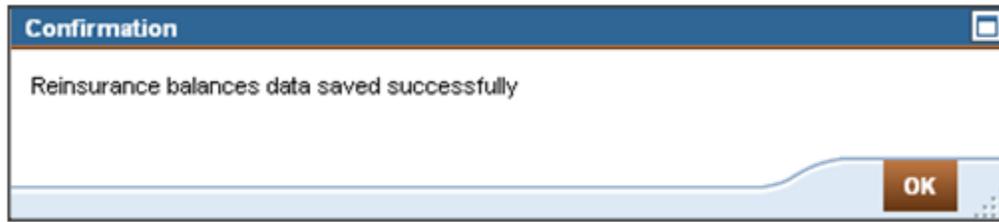
Figure 70: User Confirmation Message

Cash Flow Statement for Insurance Brokers

This form will capture information regarding cash flows of your company.

To fill Cash Flow Statement for Insurance Brokers

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual returns** tab. Select the **year** for which the returns need to be filled.
4. Click **Fill Forms.**
5. Click **Cash flow Statement for Insurance Brokers** link, the respective return form is displayed.

Figure 71: Cash Flow Statement Screen

The fields on the screen are explained in the following table

Field	Description
Cash Flow from Operating Activities	
Brokerage Receipts	Enter Brokerage Receipts
Reinsurance Receipts	Enter Reinsurance Receipts
Other Receipts/ Payments	Enter Other Receipts/ Payments
Realizations from Sundry Debtors	Enter Realizations from Sundry Debtors
Payment towards expenses	Enter Payment towards expenses
Payments of tax deducted at source	Enter Payments of tax deductions at source
Payments to Sundry Creditors	Enter Payments to Sundry Creditors
Payments of other advances	Enter Payments of other advances
Cash Flow from Investing Activities	
Purchase of Investments	Enter Purchase of Investments
Sale of Investments	Enter Sale of Investments
Purchase of Fixed Assets	Enter Purchase of Fixed Assets
Sale of Fixed Assets	Enter Sale of Fixed Assets
Income received on investments	Enter Income received on investments
Expenses relating to investments	Enter Expenses relating to investments
Cash Flow from investing activities	
Proceeds from issue of share capital	Enter Proceeds from issue of share capital
Proceeds from borrowing	Enter Proceeds from borrowing
Repayments from borrowings	Enter Repayments from borrowings
Interests/ dividends paid	Enter Interests/ dividends paid
Cash & Bank Balance (Beginning of Financial Year)	
Cash in Hand	Enter Cash in Hand
Balance in current accounts	Enter Balance in current accounts

Field	Description
Cash & Bank balance (End of Financial Year)	
Cash in Hand	Enter Cash in Hand
Balance in current accounts	Enter Balance in current accounts
Particulars	
Particulars	Enter the Particular
Value IN INR	Enter the amount in INR
Number	Enter the number
Upload Documents	
Is there any other information relevant to the financial data of broking firm over an above captured in above forms to be declared explicitly? **Please attach relevant documents as annexures and enclosures.**	Select 'Yes/No'.
Upload File	If above is 'Yes' upload the Required Document

6. Fill in the entire form and click **Save.** The Acknowledgement message box is displayed

Figure 72: User Confirmation Message

Financial Statement of each insurance broker - Profit and Loss Statement

This form is used to capture the profit and loss statement details of your business.

To fill Profit and Loss Statement

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual Returns** tab Select the **year** for which the returns need to be filled.
4. Click **Fill Forms.**
5. Click **Financial Statement of each insurance broker-Profit and Loss Statement** link, the respective e return form is displayed.

Figure 73: Profit and Loss Statement Screen

The fields on the screen are explained in the following table

Field	Description
Income	
Brokerage	Enter Brokerage amount
Other Business Income	Enter Other Business Income
Particulars of Income	Enter Particulars of Income
Amount received during the year	Enter Amount received during the year
Basis of remuneration	Enter Basis of remuneration
Explanatory Note	Enter Explanatory Note
Investment Income	Enter Investment Income
Other miscellaneous income	Enter Other miscellaneous income
Particulars of Income	Enter Particulars of Income
Amount received during the year	Enter Amount received during the year
Explanatory Note	Enter Explanatory Note
Expenses	
Staff Salaries and Expenses	Enter Staff Salaries and Expenses
Directors Fees and Other Remuneration	Enter Directors Fees and Other Remuneration
Payments for Business Procurement	Enter Payments for Business Procurement
Name and relationship to the payee	Enter Name and relationship to the payee
Amount paid	Enter Amount paid
Basis of Payment	Enter Basis of Payment
Rents, Rates and Taxes	Enter Rents, Rates and Taxes
Maintenance and Repairs	Enter Maintenance and Repairs
Printing and Stationary	Enter Printing and Stationary
Communication Expenses	Enter Communication Expenses
Legal and Professional Expenses	Enter Legal and Professional Expenses

Advertisement and Publicity	Enter Advertisement and Publicity
Auditors' Fees and Expenses	Enter Auditors' Fees and Expenses
Interest and Bank Charges	Enter Interest and Bank Charges
Depreciation	Enter Depreciation
Other Expenses	Enter Other Expenses
Payments for business procurement	Enter Payments for business procurement
Profit before tax	Enter Profit before tax
Loss before tax	Enter Loss before tax
Provision for taxation	
Current Tax	Enter Current Tax
Deferred Tax	Enter Deferred Tax
Appropriations	
Balance at the Beginning of the Year	Enter Balance at the Beginning of the Year
Interim Dividends Paid During the Year	Enter Interim Dividends Paid During the Year
Proposed Final Dividend	Enter Proposed Final Dividend
Dividend Distribution on Tax	Enter Dividend Distribution on Tax
Transfer to Reserves/Other Accounts	Enter Transfer to Reserves/Other Accounts
Particulars	
Particulars	Enter the Particular
Value IN INR	Enter the amount in INR
Number	Enter the number
Upload Documents	
Is there any other information relevant to the financial data of broking firm over an above captured in above forms to be declared explicitly? Please attach relevant documents	Select 'Yes/No'.

as annexures and enclosures.	
Upload File	If above is 'Yes' upload the Required Document

6. Fill in the entire form and click **Save.** The Acknowledgement message box is displayed
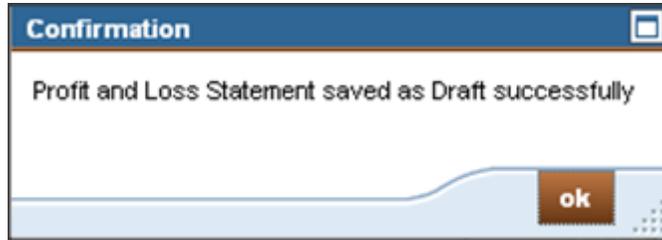
Figure 74: User Confirmation Message

Balance Sheet of Insurance brokers

This form is used to capture your balance sheet details.

To fill Balance Sheet of Insurance Brokers

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual Returns** tab. Select the **year** for which the returns need to be filled.
4. Click **Fill Forms.**
5. Click **Balance Sheet of Insurance Brokers** link, the respective return form is displayed.

Figure 75: Balance Sheet Screen

The fields on the screen are explained in the following table

Field	Description
Sources of fund	
Share Capital	
Authorized	Enter Authorized Share Capital
Subscribed	Enter Subscribed Share Capital

Called Up	Enter Called Up Share Capital
(Less Calls unpaid)	Enter (Less Calls unpaid) Share Capital
(Add shares forfeited)	Enter (Add shares forfeited) Share Capital
(Less par values of share bought back)	Enter (Less par values of share bought back) Share Capital
Less Preliminary Expenses	Enter Less Preliminary Expenses Share Capital
Reserves and Surplus	Enter Reserves and Surplus Share Capital
Current liabilities and provisions	Enter Current liabilities and provisions Share Capital
Application of funds	
Regulation 22 deposit	Enter Regulation 22 deposit
Government securities	Enter Government securities
Other approved securities	Enter Other approved securities
Shares	Enter Shares
Debentures	Enter Debentures
Bank Deposits	Enter Bank Deposits
Others	Enter Others
Loans	Enter Loans
Name of institution/ individual	Enter Name of institution/ individual
Purpose of Loan	Enter Purpose of Loan
Amount of Loan	Enter Amount of Loan
Amount outstanding as on 31st March	Enter Amount outstanding as on 31st March
To shareholders, directors, officers	Enter To shareholders, directors, officers
To Other- secured loan	Enter To Other- secured loan
To Other unsecured	Enter To Other unsecured
Fixed Assets	Enter Fixed Assets

Current Assets	Enter Current Assets
Debit balance in Profit and Loss	Enter Debit balance in Profit and Loss
Contingent liabilities	Enter Contingent liabilities
Details of Contingent Liabilities	Enter Details of Contingent Liabilities
Major Remarks/Observation of Auditor	Enter Major Remarks/Observation of Auditor
Particulars	
Particulars	Enter the Particular
Value IN INR	Enter the amount in INR
Number	Enter the number
Upload Documents	
Is there any other information relevant to the financial data of broking firm over an above captured in above forms to be declared explicitly? **Please attach relevant documents as annexures and enclosures.**	Select 'Yes/No'.
Upload File	If above is 'Yes' upload the Required Document

6. Fill in the entire form and click **Save.** The Acknowledgement message box is displayed

Figure 76: User Confirmation Message

Audit Arrangement for Insurance Broker

This form will capture your audit arrangement details.

To fill Audit Arrangement for Insurance Broker

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual Returns** tab. Select the **year** for which the returns need to be filled.
4. Click **Fill Forms.**
5. Click **Audit Arrangement for Insurance Broker** link, the respective return form is displayed.


Figure 77: Audit Arrangements Screen

The fields on the screen are explained in the following table

Field	Description
Audit Arrangements for a broker	
Name of the Statutory Auditor	Enter Name of the Statutory Auditor
Address of the Statutory Auditor	Enter Address of the Statutory Auditor
Name of partner responsible for audit of the broker	Enter Name of partner responsible for audit of the broker

Name of Internal Auditor (refer Regulation 27)	Enter Name of Internal Auditor
Address of Internal Auditor	Enter Address of Internal Auditor
Qualifications	Enter Qualifications of Internal Auditor
Experience	Enter Experience of Internal Auditor
If an employee, to whom does the internal auditor report?	Enter the Name of the concerned Internal Auditor
Particulars of changes, if any, during the reporting period	Enter the particulars of changes occurred during the reporting period (if any)

6. Fill in the entire form and click **Save.** The Acknowledgement message box is displayed

Confirmation

Audit Arrangement Data saved successfully.

OK
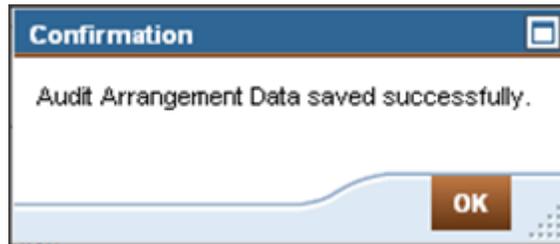
Figure 78: User Confirmation Message

Insurance Bank Accounts of Insurance Brokers

This form will capture details regarding your bank accounts

To fill Insurance Bank Accounts of Insurance Broker

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual Returns** tab. Select the **year** for which the returns need to be filled.
4. Click **Fill Forms.**
5. Click **Insurance Bank Accounts of Insurance Broker** link, the respective return form is displayed.

Figure 79: Insurance Bank Accounts Screen

The fields on the screen are explained in the following table

Field	Description
Insurance Bank Accounts of Brokers	
Name of Bank	Enter Name of Bank
Address of bank	Enter Address of Bank
Account Type	Enter Account Type
Account Number	Enter Account Number
Purpose of Account	Enter Purpose of Account
Whether Reg 23(2) (C) complied with (Yes/No)	If Reg 23(2) (C) complied with select 'Yes' else select 'No'
Balance in account as at end of reporting year	Enter the Balance amount in account at end of reporting year

6. Fill in the entire form and click **Save.** The Acknowledgement message box is displayed
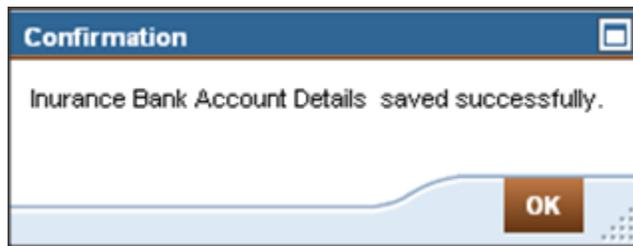
Figure 80: User Confirmation Message

Details of Group Companies of an Insurance Broker

This form will capture the standing arrangements list of all group companies attached with you.

To fill Details of Group Companies of an Insurance Broker

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual Returns** tab. Select the **year** for which the returns need to be filled.
4. Click **Fill Forms.**
5. Click **Details of Group Companies of an Insurance Broker** link, the respective return form is displayed.

Figure 81: Details of Group companies for an Insurance Broker Screen

The fields on the screen are explained in the following table

Field	Description
Details of group Companies for a Broker	
Name of Concern	Enter Name of Company attached with the broker
Shareholders Unique ID (Indian : PAN No) (Foreign : Tax ID)	Enter Shareholders Unique ID of company attached with the broker
Address	Enter Address of the company attached with the broker
Type of activity handled	Enter Type of activity handled by company attached with the broker
Nature of Interest of Promoter/ Director	Enter Nature of Interest of Promoter/ Director of company attached with the broker
Nature Of interest with applicant company	Enter Nature Of interest with applicant company of company attached with the broker

6. Fill in the entire form and click **Save.** The Acknowledgement message box is
   displayed

Figure 82: User Confirmation Message

Claims Data for Insurance Brokers

This form captures the details of the claims for a broker.

To fill Claims Data for Insurance Brokers

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual returns** tab. Select the year for which the returns need to be filled.
4. Click **Fill Forms.**
5. Click **Claims Data for Insurance Brokers** link; the respective return form is displayed.

Figure 83: Claims Data for Insurance Broker Screen

The fields on the screen are explained in the following table:

Field	Description
Claims Details	
Please state every event that has come to the company's notice where the company may become liable to pay damages or compensation to clients, whether covered by the professional indemnity policy or not, giving the following information	Enter every event that has come to the company's notice where the company may become liable to pay damages or compensation to clients, whether covered by the professional indemnity policy or not, giving the following information
Date of period of occurrence	Enter Date of period of occurrence
Name of client concerned	Enter Name of client concerned
Nature of event likely to give rise to a claim	Enter Nature of event likely to give rise to a claim
Brief description of basis of claim	Enter Brief description of basis of claim
Intimated or estimated amount of claim	Enter Intimated or estimated amount of claim
Whether covered by professional indemnity policy	If Whether event is covered by professional indemnity policy enter 'Yes' else enter ' No'
Amount provided by the broker in its books for the claim	Enter Amount provided by the broker in its books for the claim
Present status of claim	Select status of Claim to be either 'Open' or 'Closed'
Claims Movement	
Number of Claims	Enter Number of Claims
Claims Amount	Enter Claims Amount
Ageing of pending claims	
Number of Claims	Enter Number of Claims
Claims Amount	Enter Claims Amount
Major Claims Pending - Above 1 Crore	
Name of the client	Enter Name of the Client
Policy Number	Enter Policy Number
Claim Amount	Enter Claims amount

Field	Description
Date of Loss	Enter Date of Loss

1. Fill in the entire form and click **Save.** The Acknowledgement message box is displayed

Figure 84: User Confirmation Message

Spread of Business during the Year Ending

This form captures the details related to the name of the client and premium on direct insurance booked for the client and premium on reinsurance broking in respect of the client's business. Only the top **ten** clients are to be entered on the form.

To fill Spread of Business during the Year Ending Returns:

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual returns** tab. Select the **year** and **Broker** for which the returns need to be filled.
4. Click **Fill Forms**.
5. Click Spread of Business during the Year Ending link, the respective return form is displayed.

FORM H

Spread Of Business During The Year Ending

Purpose and Objective:

This form captures the details of spread of business during the year ending.
Frequency is yearly.

Year   2012

Insurance Broker   Softetch Insurance   Submission Due Date   30-Apr-2013

	Name Of The Client	Premium On Direct Insurance Booked for the Client			Premium On Reinsurance Broking In Respect Of That Client's Business		
		Fire	Marine	Miscellanous	Fire	Marine	Miscellanous
	tyiara	10,000	8,887	8,797	9,868	9,879	6,666
	nisha	8,776	9,798	9,887	8,767	6,898	8,777
	anita	8,887	9,897	8,768	7,868	9,879	7,777
	shina	7,887	6,887	9,979	9,777	8,867	8,677
	rohit	8,890	9,898	5,678	9,797	8,668	8,686
	Total Of All Clients	44,440	45,367	43,109	46,077	44,191	40,583

Declarations

☑ I solemnly declare that the particulars given above are true to the best of my knowledge and belief.

| Save | Save as Draft | Upload Form | Download Form | Clear | Cancel |

Figure 85: Spread of Business during the Year Ending Return Screen

The fields on the screen are explained in the following table

Field	Description
Name of the Client	Enter Name of the Client
Premium on Direct Insurance Booked for the Client	Enter the Premium values for Fire, Marine and Miscellaneous
Premium On Reinsurance Broking In Respect Of That Client's Business	Enter the Premium values for Fire, Marine and Miscellaneous

6. Fill in the entire form and click **Save.** The Acknowledgement message box is displayed
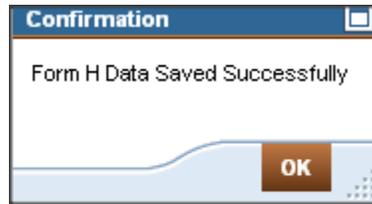
Figure 86: User Confirmation Message

Professional Indemnity Insurance In Force As At

This form captures the details related to the name of the insurer providing PI cover, policy number, period of insurance and the sum insured.

To fill Professional Indemnity Insurance In Force As At returns:

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual returns** tab. Select the **year** and **Broker** for which the returns need to be filled.
4. Click **Fill Forms**
5. Click **Professional Indemnity Insurance In Force As At** link, the respective return form is displayed.

FORM K

Professional Indemnity Insurance In Force As At

Purpose and Objective:

This form is used for filing return with respect to professional indemnity insurance cover of brokers

Year   2013

Insurance Broker AVE broking limited   Submission Due Date 30-Apr-2014

Professional Indemnity Insurance Details

		Period of Insurance									
Name of Insurer providing PI Cover	Policy No/Endorsement No.	From Date	To Date	Sums Insured: Per Event (AOA)	Sums Insured: In Aggregate for the Policy Period (AOY)	Basis of Indemnity(on claims made basis or on loss occurring basis)	Deductible	Premium for the cover	Whether requirements for the Regulation 24,sub-regulation (4) and (5) are complied with ?	Please State The Relevant Percentages	Action
HDFC ERGO General Insurance Co. (Earlier HDFC General Insurance Co. from 27.9.2000 to 5.4.2008) ▼	SAN1234567	01.04.2012	01.05.2013	200,000	100,000	basis	56,000	7,400	Yes ▼	14	✖

Declarations

☑ I solemnly declare that the particulars given above are true to the best of my knowledge and belief.

[Save] [Save as Draft] [Upload Form] [Download Form] [Clear] [Cancel]

Figure 87: Professional Indemnity Insurance In Force As At Returns Screen

The fields on the screen are explained in the following table:

Field	Description
Name of Insurer providing PI Cover	Enter Name of Insurer providing PI Cover
Policy No/Endorsement No.	Enter the Policy/ Endorsement No
Period of Insurance: (From Date)	Enter 'From' date of Period of Insurance
Period of Insurance: (To Date)	Enter 'To' date of Period of Insurance
Sums Insured: Per Event (AOA)	Enter Sums Insured (AOA)
Sums Insured: In Aggregate for the Policy Period (AOY)	Enter Sums Insured (AOY)
Basis of Indemnity (On claims made basis or on loss occurring basis)	Enter the basis of Indemnity
Deductible	Enter the deductible value
Premium for the cover	Enter the Premium for the cover
Whether requirements for the Regulation 24, sub-regulation (4) and (5) are complied with? (Yes/No)	Select either 'Yes' or 'No '
Please State The Relevant Percentages	Enter the Relevant Percentages

6. Fill in the entire form and click **Save.** The Acknowledgement message box is displayed
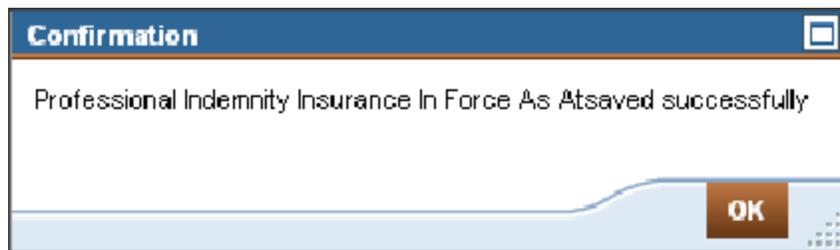
Figure 88: User Confirmation Message

Particulars of persons responsible for soliciting and procuring of insurance or reinsurance business

To fill particulars of persons responsible for soliciting and procuring of insurance or reinsurance business

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual returns** tab. Select the **year** and **Broker** for which the returns need to be filled.
4. Click **Fill Forms**
5. Click **Particulars of persons responsible for soliciting and procuring of insurance or reinsurance business** link, the respective return form is displayed.

Figure 89: Particulars of persons responsible for soliciting and procuring of Insurance or reinsurance business screen

The fields on this screen are described in the following table.

Field	Description
Insurance Business	
Name	Enter Name of Person responsible for soliciting and procuring insurance business
Branch Address	Enter Address of Person responsible for soliciting and procuring insurance business
Qualification	Enter Qualification of Person responsible for soliciting and procuring insurance business
Insurance Qualification	Enter Insurance Qualification of Person responsible for soliciting and procuring insurance business
Insurance Experience	Enter Insurance Experience of Person responsible for soliciting and procuring insurance business
Insurance Broker exam- year of passing	Enter year of passing of Insurance Broker exam of Person responsible for soliciting and procuring insurance business
Training received (direct/composite)	Enter training received by Person responsible for soliciting and procuring insurance business
Classes of Businesses handled	Enter Classes of businesses handled by Person responsible for soliciting and procuring insurance business
Designation and functions	Enter Designation and Functions of Person responsible for soliciting and procuring insurance business
Particulars of changes during the period	Enter Particulars of changes during the period of Person responsible for soliciting and procuring insurance business
Reinsurance Business	
Name	Enter Name of Person responsible for soliciting and procuring reinsurance business
Branch Address	Enter Address of Person responsible for soliciting and procuring reinsurance business
Qualification	Enter Qualification of Person responsible for soliciting and procuring reinsurance business
Insurance Qualification	Enter Insurance Qualification of Person responsible for soliciting and procuring reinsurance business
Insurance Experience	Enter Insurance Experience of Person responsible for soliciting and procuring reinsurance business
Insurance Broker exam-	Enter year of passing of Insurance Broker exam of

year of passing	Person responsible for soliciting and procuring reinsurance business
Training received (direct/composite)	Enter training received by Person responsible for soliciting and procuring reinsurance business
Classes of Businesses handled	Enter Classes of businesses handled by Person responsible for soliciting and procuring reinsurance business
Designation and functions	Enter Designation and Functions of Person responsible for soliciting and procuring reinsurance business
Particulars of changes during the period	Enter Particulars of changes during the period of Person responsible for soliciting and procuring reinsurance business
Upload Documents	
Name of the persons	Upload document with the Name of the persons responsible for soliciting and procuring broking business
Broker exam Passing Certificate number	Upload document with Broker exam Passing Certificate number of the persons responsible for soliciting and procuring broking business

6. Fill in the entire form and click **Save.** The Acknowledgement message box is displayed
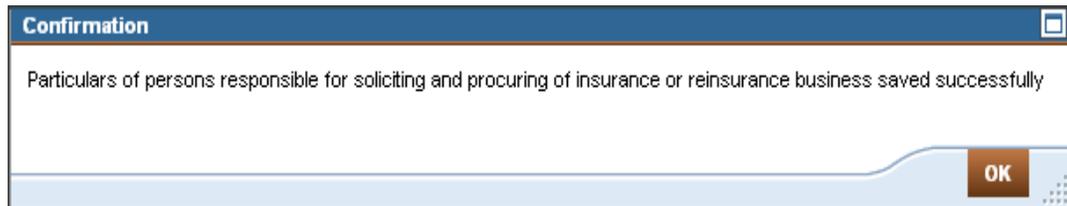
Figure 90: User Confirmation Message

Capital Structure and shareholders details for an Insurance broker

To fill capital structure and shareholders details for an insurance broker

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual returns** tab. Select the **year** and **Broker** for which the returns need to be filled.
4. Click **Fill Forms**
5. Click **Capital structure and Shareholders details for an insurance details** link, the respective return form is displayed.

Figure 91: Capital Structure and Shareholder details screen

The fields on this screen are described in the following table.

Field	Description
Capital Structure	
Amount	Enter Amount against each type of capital
FDI Details	
Shareholder Name	Enter the Shareholder Name
Total equity share capital	Enter Total Equity Share Capital
% Holding	Enter % Holding
Shareholder Details	
Category of Shareholder (Foreign Direct/ Foreign Indirect/Indian)	Enter the Category of Shareholder whether Foreign Direct or Foreign Indirect or Indian
Name of Shareholder	Enter the Name of Shareholder
Address of Shareholder	Enter the Address of Shareholder
Business or Profession	Enter the Business or Profession of Shareholder
Shareholder Unique ID (Indian: PAN No) (Foreign: Tax ID)	Enter Shareholder Unique ID. If Indian enter PAN No. If Foreign enter Tax ID
Shareholding as at end of reporting period (number)	Enter number of shares as at end of reporting period
Shareholding as at end of reporting period (amount)	Enter Shareholding amount as at end of reporting period
Date of changes in shareholding during the period	Enter Date of changes in shareholding during the period
Particulars of changes in shareholding during the period	Enter Particulars of changes in shareholding during the period
Loans and Advances to the broker firm	Enter Loans and Advances to the broker firm
Other Investments in the broker firm	Enter Other Investments in the broker firm
Initial Subscribers of MOA	
Name of the Subscriber	Enter Name of the Subscriber
Address of the subscriber	Enter address of the subscriber

Business or Profession	Enter Business or Profession of the subscriber
Shareholder Unique ID (Indian: PAN No) (Foreign: Tax ID)	Enter Shareholder Unique ID. If Indian enter PAN No. If Foreign enter Tax ID
Shareholding as at end of reporting period (number)	Enter number of shares as at end of reporting period
Shareholding as at end of reporting period (amount)	Enter Shareholding amount as at end of reporting period
Date of changes in shareholding during the period	Enter Date of changes in shareholding during the period
Particulars of changes in shareholding during the period	Enter Particulars of changes in shareholding during the period
Loans and Advances to the broker firm	Enter Loans and Advances to the broker firm
Other Investments in the broker firm	Enter Other Investments in the broker firm
Associate Company Wise	
Name of the Associate	Enter Name of the Associate
Address of the associate	Enter address of the associate
Business or Profession	Enter Business or Profession of the associate
Shareholder Unique ID (Indian: PAN No) (Foreign: Tax ID)	Enter Shareholder Unique ID. If Indian enter PAN No. If Foreign enter Tax ID
Shareholding as at end of reporting period (number)	Enter number of shares as at end of reporting period
Shareholding as at end of reporting period (amount)	Enter Shareholding amount as at end of reporting period
Date of changes in shareholding during the period	Enter Date of changes in shareholding during the period
Particulars of changes in shareholding during the period	Enter Particulars of changes in shareholding during the period
Regulatory Body	Enter the name of the regulatory body

6. Fill in the entire form and click **Save.** The Acknowledgement message box is displayed
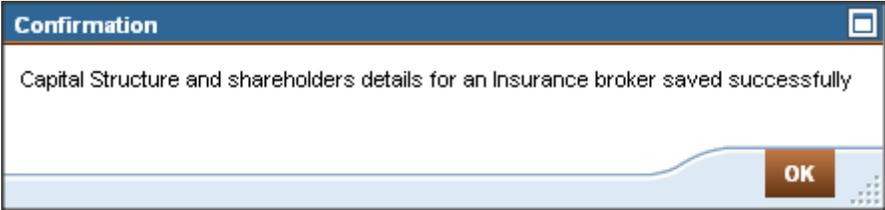
Figure 92: User Confirmation Message

Board of directors and management details

To fill board of directors and management details

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual returns** tab. Select the **year** and **Broker** for which the returns need to be filled.
4. Click **Fill Forms**
5. Click **board of directors and management details** link, the respective return form is displayed.

Figure 93: board of directors and management details screen

The fields on this screen are described in the following table.

Field	Description
Details of Board of Directors/ Principal Officer	
Name of the person	Enter Name of the Board of Directors/ Principal Officer
PAN No	Enter PAN No of the Board of Directors/ Principal Officer
Address (Street, House)	Enter Street, House of the Board of Directors/ Principal Officer
State	Enter State of the Board of Directors/ Principal Officer
District	Enter District of the Board of Directors/ Principal Officer
City	Enter City of the Board of Directors/ Principal Officer
Pin Code	Enter Pin Code of the Board of Directors/ Principal Officer
Profession	Enter Profession of the Board of Directors/ Principal Officer
Appointment/ Cessation Date	Enter Appointment/ Cessation Date of the Board of Directors/ Principal Officer
Designation if holding position	Enter designation of the Board of Directors/ Principal Officer
Particulars of changes during the period since the last report	Enter Particulars of changes during the period since last report
Details of Directorship in other entities(if any)	Enter Details of Directorship in other entities of the Board of Directors/ Principal Officer
Person in charge of Management	
Name of the person	Enter Name of Person in charge of Management
Address (Street, House)	Enter Street, House of Person in charge of Management
State	Enter State of Person in charge of Management
District	Enter District of Person in charge of Management
City	Enter City of Person in charge of Management

Pin Code	Enter Pin Code of Person in charge of Management
Designation and nature of functions	Enter Designation and nature of functions of Person in charge of Management
Qualification and experience including Insurance experience	Enter Qualification and experience including Insurance experience of Person in charge of Management
Insurance experience	Enter Insurance experience of Person in charge of Management
Nature and duration of training received	Enter Nature and duration of training received of Person in charge of Management
Particulars of changes during the period	Enter Particulars of changes during the period of Person in charge of Management
Declarations	
I am not suffering from any of the disqualifications specified under sub-section (5) of section 42D of the Insurance Act 1938	If you are not suffering from any of the disqualifications specified under sub-section (5) of section 42D of the Insurance Act 1938 then select 'Yes' else select 'No'
I am not holding Agency/Surveyor/ TPA license	If you are not holding Agency/Surveyor/ TPA license select 'Yes' else select 'No'
I do not hold directorship/employment in/or represent any other Insurance related entity	If you do not hold directorship/employment in/or represent any other Insurance related entity then select 'Yes' else select 'No'
I have filed FORM - 32 with ROC	If you have filed FORM - 32 with ROC select 'Yes' else select 'No'
Upload Documents	
Form 32 with ROC	Upload the Form 32 with ROC document
Board resolution	Upload Board resolution of the Board of Directors/ Principal Officer
Curriculum Vitae (CV)	Upload Curriculum Vitae (CV) of the Board of Directors/ Principal Officer
Broker exam certificate	Upload Broker exam certificate of the Board of Directors/ Principal Officer
Attach scanned copy of affidavit	Upload Attach scanned copy of affidavit of the Board of Directors/ Principal Officer

6.   Fill in the entire form and click **Save.** The Acknowledgement message box is
      displayed
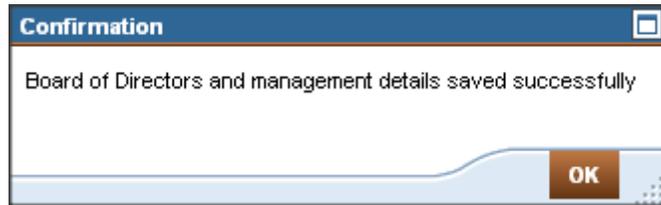
Figure 94: User Confirmation Message

Standing Arrangement with Other Insurance Brokers or Service Providers

To fill Standing arrangement with other insurance Brokers or service Providers

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Annual returns** tab. Select the **year** and **Broker** for which the returns need to be filled.
4. Click **Fill Forms**
5. Click **Standing Arrangement with Other Insurance brokers or Service Providers** link, the respective return form is displayed.

Figure 95: Standing arrangements with other insurance brokers or service providers screen

The fields on this screen are described in the following table.

Field	Description
Standing Arrangements Details	
Name	Enter Name of the insurance broker or service provider with whom you have a standing arrangement
Address	Enter Address of the insurance broker or service provider with whom you have a standing arrangement
Particulars of Arrangement	Enter Particulars of Arrangement with the insurance broker or service provider with whom you have a standing arrangement
Any Agreement entered into with others	If the insurance broker or service provider with whom you have a standing arrangement has entered into an agreement with others then select 'Yes' else select 'No'
Whether service provider is/ are from group companies	If service provider is/ are from group companies select 'Yes' else select 'No'
Basis of remuneration	Select the type of basis of remuneration provided in the dropdown
Amount paid during latest financial year	Enter amount paid during latest financial year to the insurance broker or service provider with whom you have a standing arrangement

6.   Fill in the entire form and click **Save.** The Acknowledgement message box is displayed
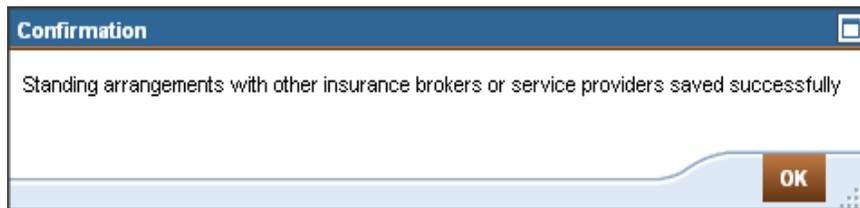
Figure 96: User Confirmation Message

Half Yearly Returns

To fill Half Yearly returns

1. **Login** into the system as a **director**
2. Click **Brokers**
3. Click **Returns**
4. Click **Half Yearly Returns** Tab.
5. Select **Six Months** Value & **Year** from the drop down menu.
6. Click **Fill Forms** button. The status of the form (Completed form, in progress form or Blank form) is displayed and a link is provided to the form.

Figure 97: Half Yearly Returns Screen

7. Click on the respective form whose return is to be filled.

Financial Data for Insurance Brokers

This form is used to capture financial data of your firm

To fill Financial Data of Insurance Brokers

1. Click **Broker** tab.
2. Click **Returns** tab.
3. Click **Half Yearly** tab Select the Six Months and year for which the returns need to be filled.
4. Click **Fill Forms.**
5. Click **Financial Data for Insurance Brokers** link, the respective return form is displayed.

FORM Q
Financial data for Insurance Brokers

Purpose and Objective:
This form is used to capture the financial data for an insurance broker.
Frequency is half yearly.

Year	2012		
Insurance Broker	Softetch Insurance	**Submission Due Date**	30-Apr-2013
Half year	2		

Income Data	
Description (Rs. In Thousands)	Amount
Direct Insurance remuneration	10,000
Reinsurance remuneration	10,000
Advisory fees	10,000
Insurance consultancy	10,000
Investment Income	10,000
Others	10,000
Total	60,000

Investment Data		
Description (Rs. In Thousands)	Amount For Current year (As per selection)	Remarks from Statutory Auditor (if Any)
Group Companies	10,000	Nil
Equity	10,000	Nil
Debt	10,000	Nil
Loans/ Advances given directly or indirectly to group companies	10,000	Nil
Others	10,000	Nil
Total	50,000	

Is there any other information relevant to the financial data of broking firm over an above captured in above forms to be declared explicitely ?   ○ Yes ● No
Please attach relevant documents as annexures and enclosures.

Declarations
☑ I solemnly declare that the particulars given above are true to the best of my knowledge and belief.

[Save] [Save as Draft] [Upload Form] [Download Form] [Clear] [Cancel]

Figure 98: Half Yearly Returns Screen

The fields on the screen are explained in the following table

Field	Description
Amount	Enter Amount for the respective Income type
Amount for current year (as per selection)	Enter Amount for current year as per respective Investment Type
Remarks from statutory Auditor (if any)	Enter Remarks from statutory Auditor as per respective Investment Type
Is there any other information relevant to the financial data of broking firm over an above captured in above forms to be declared explicitly?	Select either **Yes** or **No** to provide more information by attaching files.
Select File	Attach any additional documents here
Attachment Details	Enter details of the attached documents here.

6.   Fill in the entire form and click **Save.** The Acknowledgement message box is displayed

Financial half year data saved successfully with unique refernce number BR-6555-2012

OK
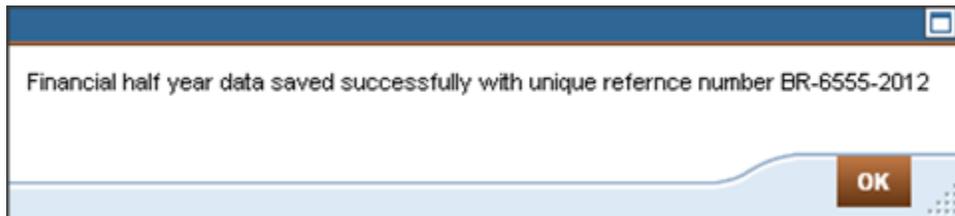
Figure 44: User Confirmation Message

Return Filing Guidelines

All Brokers doing , Life insurance and Reinsurance business are mandated to periodically submit to the Insurance Regulatory & Development Authority, IRDA, details regarding their operations. There is a need to collect data based on a variety of dimensions by business data, claims, financial, etc. Keeping this in mind, forms are designed for data capture with multiple dimensions.

This document details out the guidelines for filling up these forms.

Further, the following points have been addressed to ensure that data collected is clean and validated:

- Data type validations are checked at form entry level
- Incorporation of Business Rules listed by IRDA Brokers Department

List of Returns, Frequency And Flow of Data

Every Broker shall submit to the Authority the following returns as per periodicity and schedule indicated below. List of Returns that are required to be filed for the Brokers are:

No	Form	Description	Periodicity of Returns	Time Limit for submission	Signatories
1	FORM D	Audit arrangements for Insurance Broker	Yearly	30th April	Authorized 1 and Authorized signatory 2
2	FORM J	Insurance Bank Accounts of Insurance Brokers	Yearly	30th April	Authorized signatory 1 and Authorized signatory 2
3	FORM L	Claims Data for Insurance Brokers	Yearly	30th April	Authorized signatory 1 and Authorized signatory 2
4	FORM M	Reinsurance balances outstanding as at--- (End of Financial Year - 31st March)	Yearly	30th April	Authorized signatory 1 and Authorized signatory 2
5	FORM Q	Financial data for Insurance Brokers	Half Yearly	31st October and 30th of June	Authorized signatory 1 and Authorized signatory 2
6	FORM S	Business Data for Insurance Brokers	Quarterly	15th of the month following end of quarter	Authorized signatory 1 and Authorized signatory 2
7	FORM S (LIFE)	Business Data for Insurance Brokers (Life Insurers-Direct Broking)	Quarterly	15th of the month following end of quarter	Authorized signatory 1 and Authorized signatory 2
8	FORM S (NON _LIFE)	Business Data for Insurance Brokers (General Insurers-Direct Broking)	Quarterly	15th of the month following end of quarter	Authorized signatory 1 and Authorized signatory 2
9	Form T	Details of Group companies for an Insurance Broker	Yearly	30th April	Authorized signatory 1 and Authorized signatory 2
10	Balance Sheet	Balance Sheet of Insurance Brokers	Yearly	30th April	Authorized signatory 1 and Authorized signatory 2
11	Cash Flow	Cash Flow	Yearly	30th April	Authorized signatory 1 and Authorized signatory 2
12	Form H	Spread of Business During the year ending – (Regulation 20)	Yearly	30th April	Authorized signatory 1 and Authorized signatory 2
13	Form K	Professional Indemnity Insurance in force as at (Year_____)	Yearly	30th April	Authorized signatory 1 and Authorized signatory 2

					Authorized signatory 1 and Authorized
14	Profit & Loss	Profit and Loss Statement	Yearly	30th April	Authorized signatory 1 and Authorized signatory 2
15	Annual Fees	Pay Annual Fees	Yearly	30 September	Not Applicable
16	Form E	Particulars of persons responsible for soliciting and procuring	Yearly	30th April	Authorized signatory 1 and Authorized signatory 2
17	Form F	Particular of branch and registered offices	Quarterly	15th of the month following end of quarter	Authorized signatory 1 and Authorized signatory 2
18	Form G	Standing arrangements with other Insurance Brokers or service providers	Yearly	30th April	Authorized signatory 1 and Authorized signatory 2
19	Form P	Board of Directors/ Partners and management details	Yearly	30th April	Authorized signatory 1 and Authorized signatory 2

Frequency of Returns

Each return is to be filled as per the frequency and submission due date.
Reminders will be sent 2 days before the due date for submission of the returns. In
relation to the period due for the returns, the month and the year for which data are
to be submitted will be displayed to the broker. Returns for the current period
cannot be submitted until the forms for the previous period are submitted. Ex Broker
must submit the returns for the Q2 period before filling in the returns for Q3 period.
Frequency for the Returns submitted is:

- Quarterly
- Half Yearly
- Yearly

Before applying for the renewal application, returns for the previous 3 years should be
submitted in the system by the Broker. All forms are to be digitally signed by the
authorized signatories mentioned above.

Common Considerations applicable for Returns

1. The header level is showing the details for the Periodicity as applicable, Insurance Broker and Submission Due Date as auto populated.

2. "Submitted on" field will be auto populated once the form is filled and submitted.

3. Forms are to be submitted at the bunch level which is grouped by the frequency as explained above. Once the forms are submitted, an Unique Reference Number will be generated for that bunch submission.

4. Broker - Employee can also log into the portal and fill the data in the disclosures. However, he cannot submit the disclosures. Forms are to be signed by authorized signatories only before submitting it to IRDA.

5. Forms are to be directly filled on the portal.

6. There is a declaration check box provided on each form and Save button will be enabled only after checking that declaration box.

8. Once the forms are filled, user will check the declaration box and click on save button to save the data.

9. Once all forms are filed and saved, the validations will trigger after the user clicks on the Submit button.

10. The saved forms are to be digitally signed by both the Authorized signatories at the bunch level, before they are submitted to IRDA.

11. All Rupee figures should be in absolute INR values.

Detailed Data entry process for Returns

Form S–Business Data for Insurance Brokers

Objective: All Brokers are required to file Form S. This form captures the new business data for a broker, both insurer wise and client wise. This form also captures the data based on Riders and Top ten clients.

Method of filling & submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both the Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.
Quarter	Integer	Disabled Text box	Quarter would be auto populated.
Insurance Broker	Varchar	Disabled Text box	Broker Name would be auto populated
Submitted On	Date	Disabled Text box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text box	Submission due date would be auto populated as the form is opened
Insurer Wise Business Figures – Non – Life			
Name of Insurers	Integer	Combo Box	The dropdown should have Insurer names Licensed by IRDA.
No of policies (For Marine Hull, Marine Cargo, Motor, fire, Engineering, health, Liability, Misc.)	Integer	Text Box	The value entered here would be the No. of policies

Premium (For Marine Hull, Marine Cargo, Motor, fire, Engineering, health, Liability, Misc.)	Decimal	Text Box	The value entered here would be the premium amount
Total No of Policies	Integer	Disabled Text Box	Derived field by system, by adding all the number of policies in the row.
Total Premium	Decimal	Disabled Text Box	Derived field by system, by adding all the premium amounts in the row.
Insurer wise premium figures –Life			
Name of Insurers	Integer	Combo Box	The dropdown should have Insurer names Licensed by IRDA.
No of policies (For Marine Hull, Marine Cargo, Motor, fire, Engineering, health, Liability, Misc.)	Integer	Text Box	The value entered here would be the No. of policies in integer
Premium (For Marine Hull, Marine Cargo, Motor, fire, Engineering, health, Liability, Misc.)	Decimal	Text Box	The value entered here would be the premium amount
Total No of Policies	Integer	Disabled Text Box	Derived field by system, by adding all the number of policies in the row.
Total Premium	Decimal	Disabled Text Box	Derived field by system, by adding all the premium amounts in the row.
Insurer wise Premium – Life –(For Riders)			
Name of Insurers	Integer	Combo box	The dropdown should have Insurer names licensed by IRDA.
No of policies (For Health + Sickness, Accident + Disability, Term, Other	Integer	Text Box	The value entered here would be the No. of policies

(PWB)for Linked and Non Linked policies)			
Premium (For Health + Sickness, Accident + Disability, Term, Other (PWB)for Linked and Non Linked policies)	Decimal	Text Box	The value entered here would be the premium amount.
Total No of Policies	Integer	Text Box	Derived field by system, by adding all the number of policies in the row.
Total Premium	Decimal	Text Box	Derived field by system, by adding all the premium amounts in the row.
Client Wise Business Data (Based on Premium serviced) - Top 10 Clients (General)			
Client Name	Varchar	Text Box	The value entered here would be the Client Name
No of policies (For Marine Hull, Marine Cargo, Motor, fire, Engineering, health, Liability, Misc.)	Integer	Text Box	The value entered here would be the No. of policies.
Premium (For Marine Hull, Marine Cargo, Motor, fire, Engineering, health, Liability, Misc.)	Decimal	Text Box	The value entered here would be the premium amount.
Total No of Policies	Integer	Disabled Text Box	Derived field by system, by adding all the number of policies in the row.
Total Premium	Decimal	Disabled Text Box	Derived field by system, by adding all the premium amounts in the row.
Client Wise Business Data (Based on Premium serviced) - Top 10 Clients (Life)			

Client Name	Varchar	Combo Box	Enter the Client Name
No of policies (For Health + Sickness, Accident + Disability, Term, Other (PWB)for Linked and Non Linked policies for Linked and Non Linked policies)	Integer	Text Box	The value entered here would be the No. of policies.
Premium(For Health + Sickness, Accident + Disability, Term, Other (PWB)for Linked and Non Linked policies for Linked and Non Linked policies)	Decimal	Text Box	The value entered here would be the premium amount.
Total No of Policies	Integer	Disabled Text Box	Derived field by system, by adding all the number of policies in the row.
Total Premium	Decimal	Text Box	Derived field by system, by adding all the premium amounts in the row.
Client Wise Business Data (Based on Premium serviced) - Top 10 Clients (Life - Riders)			
Client Name	Varchar	Text Box	Enter the Client Name
No of policies	Integer	Text Box	The value entered here would be the No. of policies.
Premium	Decimal	Text Box	The value entered here would be the premium amount.
Total No of Policies	Integer	Disabled Text Box	Derived field by system, by adding all the number of policies in the row.
Total Premium	Decimal	Disabled Text Box	Derived field by system, by adding all the premium amounts in the row.

Other Form-level considerations:

- Values for 'Total Number of Policies' for every table Life, General are derived by the system, by adding all the respective details in that row.

- Values for 'Total premium' for every table Life, General and riders are derived by the system, by adding all the respective details in that row.

Form S (LIFE)–Business Data for brokers (Life Insurers)

Objective: All Brokers are required to file Form S (Life).This form captures the new business data for brokers for life insurers. The objective of this form is to declare the direct insurance broking data for life business. This form captures information related to the Line of business, number of policies, premium, brokerage amount and percentage for both the Individual and Group insurance for Life business. This form is to be submitted by the Brokers Quarterly.

Method of filling & submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both the Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.
Quarter	Integer	Disabled Text box	Quarter would be auto populated.
Insurance Broker	Varchar	Disabled Text box	Broker Name would be auto populated
Submitted On	Date	Disabled Text box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text box	Submission due date would be auto populated as the form is opened
Individual Business **(For: Linked - Life, Health, Pension, Annuity,** **Nonlinked - Life, Health, Pension, Annuity,** **Riders- Health and sickness , accident and disability , term and others PWB**			
No. of policies	Integer	Text Box	Enter the No. of policies.
Premium Amount	Decimal	Text Box	Enter the Premium amount.

Brokerage Income	Decimal	Text Box	Enter the Brokerage Income.
Brokerage %	Decimal	Disabled Text Box	Derived field by system, by calculating the brokerage percentage.
Group Business **(For: Linked- Life, Health, Pension, Annuity,** **Nonlinked- Life, Health, Pension, Annuity,** **Riders- Life, Health, Pension, Annuity)**			
No. of policies	Integer	Text Box	Enter the No. of policies.
Premium Amount	Decimal	Text Box	Enter the Premium amount.
Brokerage Income	Decimal	Text Box	Enter the Brokerage Income.
Brokerage %	Decimal	Disabled Text Box	Derived field by system, by calculating the brokerage percentage.

Other Form-level considerations:

- In the header section, the values for Year, Insurance Broker, Quarter and Submission Due Date and Type of premium are auto populated.

- 'Brokerage %' field is a derived field and is auto populated by the system, by calculating the Brokerage percentage value.

- For Riders - Others represents all corporate agents other than banks

Form S (General)–Business Data for brokers

Objective: All Brokers are required to file Form S (General).This form captures the new business data for brokers for General insurers. The objective of this form is to declare the direct insurance broking for General business. This form captures information related to the Line of business, number of policies, premium, brokerage amount and percentage for both the Individual and Group insurance for Non -Life business. This form is to be submitted by the Brokers Quarterly.

Method of filling & submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both the Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.
Quarter	Integer	Disabled Text box	Quarter would be auto populated.
Insurance Broker	Varchar	Disabled Text box	Broker Name would be auto populated
Submitted On	Date	Disabled Text box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text box	Submission due date would be auto populated as the form is opened
Line Of Business(Motor, Health, Engineering ,Marine Cargo, Misc, Liability, Fire, Marine Hull)			
No. of policies	Integer	Text Box	Enter the No. of policies.
Premium Amount	Decimal	Text Box	Enter the Premium amount.
Brokerage Income	Decimal	Text Box	Enter the Brokerage Income.

		Disabled	
Brokerage %	Decimal	Text Box	Derived by system, by calculating the brokerage percentage.

Other Form-level considerations:

- 'Brokerage %' field is a derived field and is auto populated by the system, by calculating the Brokerage percentage value.

Information on opening/ closing branches, Change of registration/ branch office

Objective: All Brokers are required to file the form for Information on opening/ closing branches, Change of registration/ branch office. This form captures the branch and the registered office details. The objective of this form is to declare the details of the offices used to carry out the broker business. This form is to be submitted by the Brokers Quarterly.

Method of filling & submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both the Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.
Quarter	Integer	Disabled Text box	Quarter would be auto populated.
Insurance Broker	Varchar	Disabled Text box	Broker Name would be auto populated
Submitted On	Date	Disabled Text box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text box	Submission due date would be auto populated as the form is opened
Branch Office Details			
Address of Office	Varchar	Text Box	Enter Address of Branch Office
Area Type	Integer	Combo Box	Select the Area Type of the Branch Office whether Rural/ Urban or Semi Urban
State	Integer	Combo Box	Select State of Branch Office from dropdown table

District	Integer	Combo Box	Select District of Branch Office from dropdown table
City	Integer	Combo Box	Select City of Branch Office from dropdown table
Person in charge	Varchar	Text Box	Enter Person in charge of Branch Office
No of broking staff	Integer	Text Box	Enter the No of broking staff that will be present at the branch office. These would be the people who have passed the broking exam
No of other staff	Integer	Text Box	Enter no of other staff (non-broking) present at the branch office
Date of Opening of office	Date	Text Box	Enter the date of opening of this branch office
Whether in Operation or not (Yes/No)	Integer	Combo Box	Enter whether the branch office is in operation or not
Date of Closure	Date	Text Box	Enter the date of closure of the branch office if any
Registered Office Details			
Address of Office	Varchar	Text Box	Enter the Address of Registered office
Area Type	Integer	Combo Box	Select the Area Type of the Registered Office whether Rural/ Urban or Semi Urban
State	Integer	Combo Box	Select State of the Registered Office from dropdown table
Activities	Varchar	Text Box	Enter activities performed in this registered office
Person in charge	Varchar	Text Box	Enter person in charge of this registered office
No of broking staff	Integer	Text Box	Enter the No of broking staff that will be present at the registered office .These would be the people who have passed the broking exam

No of other staff	Integer	Text Box	Enter no of other staff (non- broking) present at the registered office
Whether a head office (Yes/ No)	Integer	Combo Box	Enter whether the registered office is the head office or not
Whether in operation or not	Integer	Combo Box	Enter whether the registered office is in operation or not

Other Form-level considerations:

- If there are no branches then enter the Registered office details into the Branch office table

Form L– Claims Data for Insurance Brokers

Objective: All Brokers are required to submit Form L. This form captures the details of the claims for a broker with respect to the name of client, brief description of the claim, status of the claim and count for the claims rejected, settled and pending. This form captures the details for the major claims pending which are above 1 crore. This form are to be submitted by the Brokers Annually.

Method of filling & submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both the Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.
Quarter	Integer	Disabled Text box	Quarter would be auto populated.
Insurance Broker	Varchar	Disabled Text box	Broker Name would be auto populated
Submitted On	Date	Disabled Text box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text box	Submission due date would be auto populated as the form is opened
Claims Details			

Please state every event that has come to the company's notice where the company may become liable to pay damages or compensation to clients, whether covered by the professional indemnity policy or not, giving the following information	Varchar	Text box	Enter the event as required.
Date of period of occurrence.	Date	Date Type	Select the required date from the dropdown.
Name of client concerned	VarChar	Text box	Enter the name of client.
Nature of event likely to give rise to a claim	VarChar	Text box	Enter the nature of event.
Brief description of basis of claim	VarChar	Text box	Enter the brief description.
Whether covered by professional indemnity policy:	Boolean	Combo box	If covered by professional indemnity policy then enter 'Yes' else enter 'No'.
Amount provided by the broker in its books for the claim	Decimal		Enter the amount provided by the broker

Present status of claim	VarChar	Combo Box	The status can be either selected as "open" or "closed".
Claims Movement			
Claims pending at the beginning of the quarter (number of claims)	Integer	Text box	Enter the number of claims, pending at the beginning of the quarter.
Claims pending at the beginning of the quarter (claims amount)	Decimal	Text box	Enter the claims amount, pending at the beginning of the quarter.
New Claims registered during the quarter (number of claims)	Integer	Text box	Enter the number of new claims, registered during the quarter.
New Claims registered during the quarter (claims amount)	Decimal	Text box	Enter the claims amount for new claims, registered during the quarter.
Claims settled/closed during the quarter (number of claims)	Integer	Text box	Enter the number of claims, for claims settled/closed during the quarter.
Claims settled/closed during the quarter (claims amount)	Decimal	Text box	Enter the claims amounts which were settled/closed during the quarter.

Claims rejected during the quarter(number of claims)	Integer	Text box	Enter the number of claims, for claims rejected during the quarter.
Claims rejected during the quarter(claims amount)	Decimal	Text box	Enter the claims amount, for claims rejected during the quarter.
Claims pending at the end of the quarter(number of claims)	Integer	Disabled Text box	The number of claims for Claims pending at the end of the quarter will be derived and auto populated by the system.
Claims pending at the end of the quarter(claims amount)	Decimal	Disabled Text box	The claims amount, for Claims pending at the end of the quarter will be derived and auto populated by the system
Aging of pending claims			
Pending for up to 1 month(number of claims)	Integer	Text box	Enter the number of claims which are pending for up to 1 month.
Pending for up to 1 month(claims amount)	Decimal	Text box	Enter the claims amounts which are pending for up to 1 month.
Pending for greater than 1 month and up to 3 **months(number of claims)**	Integer	Text box	Enter the number of claims which are pending for greater than 1 month and up to 3 months.

Pending for greater than 1 month and up to 3 months(claims amount)	Decimal	Text box	Enter the claims amounts which are pending for greater than 1 month and up to 3 months.
Pending for greater than 3 months and up to 6 months(number of claims)	Integer	Text box	Enter the number of claims which are pending for greater than 3 months and up to 6 months.
Pending for greater than 3 months and up to 6 months(claims amount)	Decimal	Text box	Enter the claims amount which is pending for greater than 3 months and up to 6 months.
Pending for greater than 6 months and up to 12 months(number of claims)	Integer	Text box	Enter the number of claims which are pending for greater than 6 months and up to 12 months
Pending for greater than 6 months and up to 12 months(claims amount)	Decimal	Text box	Enter the claims **amount** which are pending for greater than 6 months and up to 12 months
Pending for more than 1 year(number of claims)	Integer	Text box	Enter the number of claims which are pending for more than 1 year.
Pending for more than 1 year(claims amount)	Decimal	Text box	Enter the claims amounts which are pending for more than 1 year.

Total Pending (number of claims)	Integer	Disabled Text box	The total pending number of claims will be derived and auto populated by the system.
Total Pending(claims amount)	Decimal	Disabled Text box	The total pending claims amount will be derived and auto populated by the system.
Aging of Settled claims			
Settled for up to 1 month(number of claims)	Integer	Text box	Enter the number of claims, Settled for up to 1 month.
Settled for up to 1 month(claims amount)	Decimal	Text box	Enter the claims amount, Settled for up to 1 month.
Settled for greater than 1 month and up to 3 months(number of claims)	Integer	Text box	Enter the number of claims, Settled for greater than 1 month and up to 3 months.
Settled for greater than 1 month and up to 3 months(claims amount)	Decimal	Text box	Enter the claims amount, Settled for greater than 1 month and up to 3 months.
Settled for greater than 3 months and up to 6 months(number of claims)	Integer	Text box	Enter the number of claims, Settled for greater than 3 months and up to 6 months.
Settled for greater than 3 months and up to 6 months(claims amount)	Decimal	Text box	Enter the claims amount, Settled for greater than 3 months and up to 6 months.

Settled for greater than 6 months and up to 12 months(number of claims)	Integer	Text box	Enter the number of claims, Settled for greater than 6 months and up to 12 months.
Settled for greater than 6 months and up to 12 months(claims amount)	Decimal	Text box	Enter the claims amount, Settled for greater than 6 months and up to 12 months
Settled for more than 1 years (number of claims)	Integer	Text box	Enter the number of claims, Settled for more than 1 year.
Settled for more than 1 years(claims amount)	Decimal	Text box	Enter the claims amount, Settled for more than 1 year.
Total Settled(number of claims)	Integer	Disabled Text box	The total settled number of claims will be derived and auto populated by the system.
Total Settled(claims amount)	Decimal	Disabled Text box	The total settled claims amount will be derived and auto populated by the system.
Major Claims Pending - Above 1 Crore			
Name of Client	VarChar	Text box	Enter the Name of Client.
Policy No	Integer	Text box	Enter the Policy No.
Claim Amount	Decimal	Text Box	Enter the Claims Amount
Date of loss	Date	Date Type	Select the required date from the dropdown.

Other Form-level considerations:

- Value of 'Claims pending at the end of the quarter' is a derived field and is auto populated by the system in Claims movement table(claims pending at the beginning of the quarter +New claims registered during the quarter +Claims settled/closed during the quarter- claims rejected during the quarter).

- Total Pending at the end of the quarter is a derived field and is auto populated by the system by adding the respective rows in Aging of pending claims table.

- Total Settled for both 'Number of Claims' and 'Claims Amount' is also a derived field and is auto populated by the system by adding the respective rows in Aging of settle claims.

- Number of Claims field under Claims movement is a mandatory field.

FORM M–Reinsurance balances outstanding

Objective: All Brokers are required to file Form M. This form captures the details of the reinsurance balances outstanding amount for different periods spanning for a 3 month period like from 0-3 months to over 12 months. This form is a part of annual Returns and is to be submitted by the Brokers once in a year.

Method of filling & submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both the Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text Box	Year would be auto populated
Broker	Varchar	Disabled Text Box	Broker Name would be auto populated
Submitted On	Date	Disabled Text Box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text Box	Submission due date would be auto populated as per frequency of form.
Amount outstanding for a period of:			
Due to ceding companies **(0-3 Months)**	Decimal	Text Box	Enter the amount outstanding due to ceding companies for 0-3 Months
Due to ceding companies **(3-6 Months)**	Decimal	Text Box	Enter the amount outstanding due to ceding companies for 3-6 Months
Due to ceding companies (6-12 Months)	Decimal	Text Box	Enter the amount outstanding due to ceding companies for 6-12 Months
Due to ceding companies (Over 12 Months)	Decimal	Text Box	Enter the amount outstanding due to ceding companies for Over 12 Months
Due to ceding companies **(Total)**	Decimal	Disabled Text Box	Derived field by system, by adding all the amounts outstanding in this row.

Due to reinsurers **(0-3 Months)**	Decimal	Text Box	Enter the amount outstanding due to reinsurers for 0-3 Months
Due to reinsurers **(3-6 Months)**	Decimal	Text Box	Enter the amount outstanding due to reinsurers for 3-6 Months
Due to reinsurers **(6-12 Months)**	Decimal	Text Box	Enter the amount outstanding due to reinsurers for 6-12 Months
Due to reinsurers **(Over 12 Months)**	Decimal	Text Box	Enter the amount outstanding due to reinsurers for over 12 Months
Due to reinsurers **(Total)**	Decimal	Disabled Text Box	Derived field by system, by adding all the amounts outstanding in this row.
Due from ceding companies **(0-3 Months)**	Decimal	Text Box	Enter the amount outstanding due from ceding companies for 0-3 Months
Due from ceding companies **(3-6 Months)**	Decimal	Text Box	Enter the amount outstanding due from ceding companies for 3-6 Months
Due from ceding companies **(6-12 Months)**	Decimal	Text Box	Enter the amount outstanding due from ceding companies for 6-12 Months.
Due from ceding companies **(Over 12 Months)**	Decimal	Text Box	Enter the amount outstanding due from ceding companies for Over 12 Months.
Due from ceding companies **(Total)**	Decimal	Disabled Text Box	Derived field by system, by adding all the amounts outstanding in the row.
Due from Reinsurers **(0-3Months)**	Decimal	Text Box	Enter the amount outstanding due from Reinsurers for 0-3 Months.
Due from Reinsurers **(3-6 Months)**	Decimal	Text Box	Enter the amount outstanding due from Reinsurers for 3-6 Months.

Due from Reinsurers **(6-12 Months)**	Decimal	Text Box	Enter the amount outstanding due from Reinsurers for 6-12 Months.
Due from Reinsurers **(Over 12 Months)**	Decimal	Text Box	Enter the amount outstanding due from Reinsurers for Over 12 Months.
Due from Reinsurers **(Total)**	Decimal	Disabled Text Box	Derived field by system, by adding all the amounts outstanding in the row.

Other Form-level considerations:

1. Total Values for the following fields are derived and are auto populated by the system by adding the respective rows details in the table:

   - Amount outstanding due to ceding companies

   - Amount outstanding due to reinsurers

   - Amount outstanding due from ceding companies

   - Amount outstanding due from reinsurers

2. Maximum 15 digits before decimal and 2 digits after decimal are allowed in numeric fields.

Cash Flow Statement for Insurance brokers

Objective: This form captures information regarding cash flow for Insurance Brokers for the operating activities, investing activities and the financing activities. This form is a part of annual Returns and is to be submitted by the Brokers once in a year.

Method of filling & submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both the Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text Box	Year would be auto populated
Broker	Varchar	Disabled Text Box	Broker Name would be auto populated
Submitted On	Date	Disabled Text Box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text Box	Submission due date would be auto populated as the form is opened
CASH FLOW FROM OPERATING ACTIVITIES:			
Brokerage Receipts	Decimal	Text Box	Enter the Brokerage Receipts amount.
Reinsurance Receipts	Decimal	Text Box	Enter the Reinsurance Receipts amount.
Other Receipts/Payments	Decimal	Text Box	Enter Other Receipts/Payments amount.
Realizations from Sundry Debtors	Decimal	Text Box	Enter the Realizations from Sundry Debtors amount.
Payment towards Expenses	Decimal	Text Box	Enter the Payment towards Expenses amount.
Payments of Tax Deducted at Source	Decimal	Text Box	Enter the Payments of Tax Deducted at Source amount.
Payments to Sundry Creditors	Decimal	Text Box	Enter the Payments to Sundry Creditors amount.
Payments Of Other Advances	Decimal	Text Box	Enter the Payments Of Other Advances amount.

Net Cash From Operating Activities (A)	Decimal	Disabled Text Box	Derived field by system and auto populated by calculating net cash from operating activities.
CASH FLOW FROM INVESTING ACTIVITIES:			
Purchase Of Investments	Decimal	Text Box	Enter the Purchase Of Investments amount.
Sale Of Investments	Decimal	Text Box	Enter the Sale Of Investments amount.
Purchases Of Fixed Assets	Decimal	Text Box	Enter the Purchases Of Fixed Assets amount.
Sale Of Fixed Assets	Decimal	Text Box	Enter the Sale Of Fixed Assets amount.
Income Received On Investments	Decimal	Text Box	Enter the Income Received On Investments amount.
Expenses Relating To Investments	Decimal	Text Box	Enter Expenses Relating To Investments amount.
Net Cash From Investing Activities (B)	Decimal	Disabled Text Box	Derived field by system and auto populated by calculating net cash from investing activities.
Cash Flow From Financing Activities:			
Proceeds from issue of Share Capital	Decimal	Text Box	Enter the Proceeds from issue of share Capital amount.
Proceeds from borrowings	Decimal	Text Box	Enter the proceeds from borrowings amount.
Repayment of borrowings	Decimal	Text Box	Enter the repayment of borrowings amount.
Interest/Dividends paid	Decimal	Text Box	Enter the Interest/Dividends paid amount.
Net Cash From Financing Activities (C)	Decimal	Disabled Text Box	Derived field by system and auto populated by calculating net cash from financing activities.
Net Increase / (Decrease) In Cash And Cash Equivalents	Decimal	Disabled Text Box	Derived field by system and calculates the net increase or decrease in cash.
Cash & Bank Balance (Beginning of Financial Year)			
Cash In Hand	Decimal	Text Box	Enter the Cash In Hand amount for **Cash & Bank Balance (Beginning of Financial Year).**
Balance In Current Accounts	Decimal	Text Box	Enter the Balance In Current Accounts amount for **Cash & Bank Balance (Beginning of Financial Year).**

Cash & Bank Balance (End of Financial Year)			
Cash In Hand	Decimal	Text Box	Enter the Cash In Hand amount for **Cash & Bank Balance (end of Financial Year).**
Balance In Current Accounts	Decimal	Text Box	Enter the Interest/Dividends paid amount for **Cash & Bank Balance (end of Financial Year).**
Particulars			
Sr No.	Numeric	Text Box	Enter the serial number
Particulars	Varchar	Text Box	Enter the particulars
Value in INR	Decimal	Text Box	Enter the Value in INR
Number	Decimal	Text Box	Enter the Number against that particular

Other Form-level considerations:

1. Values for the following fields are derived and are auto populated by the system by using the defined formula.

    - Net Cash From Operating Activities (1)
    - Net Cash From Investing Activities (2)
    - Net Cash From Financing Activities (3)
    - Net Increase / (Decrease) In Cash And Cash Equivalent
    - Cash & Bank Balance (Beginning of Financial Year)
    - Cash & Bank Balance (End of Financial Year)

2. The particulars table is to be use by the user to provide additional information about his income or expenses (apart from the ones provided in the above tables.)

3. Maximum 15 digits before decimal and 2 digits after decimal are allowed in numeric fields.

Financial Statement for each insurance broker-Profit and Loss Statement

Objective: All Brokers are required to file returns related to their financial statement. This form captures the details of the income and the other expenses, profit and loss statement and the provision for taxation. This form is a part of annual Returns and is to be submitted by the Brokers once in a year.

Method of filling & submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both the Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text Box	Year would be auto populated
Broker	Varchar	Disabled Text Box	Broker Name would be auto populated
Submitted On	Date	Disabled Text Box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text Box	Submission due date would be auto populated as the form is opened
Income			
Brokerage	Decimal	Text Box	Enter the Brokerage Income
Other Business Income *	Decimal	Text Box	Enter the other Business Income
Particulars of income	VarChar	Text Box	Enter the particulars of income
Amount received during the year	Decimal	Text Box	Enter the amount received during the year
Basis of remuneration	VarChar	Text Box	Enter the basis of remuneration
Explanatory note	VarChar	Text Box	Enter the explanatory note
Investment Income	Decimal	Text Box	Enter the investment Income
Other Miscellaneous Income *	Decimal	Text Box	Enter the other Miscellaneous Income
Particulars of income	VarChar	Text Box	Enter the Particulars of income
Amount received during the year	Decimal	Text Box	Enter the Amount received during the year
Explanatory note	VarChar	Text Box	Enter the Explanatory note
Total	Decimal	Disabled Textbox	Derived field by system, by adding all the amounts in this column.

Expenses			
Staff Salaries and Expenses	Decimal	Text Box	Enter the staff salaries and expenses
Authorized signatories Fees and Other Remuneration	Decimal	Text Box	Enter the Authorized signatories Fees and Other Remuneration
Payments for Business Procurement *	Decimal	Text Box	Enter the payments for Business Procurement
Name and relationship of the payee	VarChar	Text Box	Enter the name and relationship of the payee
Amount paid	Decimal	Text Box	Enter the Amount paid expenses
Basis of payment	VarChar	Text Box	Enter the Basis of payment expenses
Rents, Rates and Taxes	Decimal	Text Box	Enter the Rents ,Rates and Taxes expenses
Maintenance and Repairs	Decimal	Text Box	Enter the Maintenance and Repairs expenses
Printing and Stationary	Decimal	Text Box	Enter the Printing and Stationary expenses
Communication Expenses	Decimal	Text Box	Enter the Communication Expenses
Legal and Professional Expenses	Decimal	Text Box	Enter the Legal and Professional Expenses
Advertisement and Publicity	Decimal	Text Box	Enter the Advertisement and Publicity expenses
Auditors' Fees and Expenses	Decimal	Text Box	Enter the Auditors' Fees and Expenses
Interest and Bank Charges	Decimal	Text Box	Enter the Interest and Bank Charges expenses
Depreciation	Decimal	Text Box	Enter the Depreciation expenses
Other Expenses	Decimal	Text Box	Enter the Other Expenses
Other Approved Securities	Decimal	Text Box	Enter the Other Approved Securities expenses
Total(B)	Decimal	Disabled Textbox	Derived field by system, by adding all the amounts in this column.
Profit Before Tax	Decimal	Disabled Textbox	Derived field by system, and will be populated if the income is greater than the expenses.
Loss Before Tax	Decimal	Disabled Textbox	Derived field by system, and will be populated if the expenses are greater than the income.
Provision For Taxation			

Current Tax	Decimal	Text Box	Enter the Current Tax
Deferred Tax	Decimal	Text Box	Enter the Deferred Tax
Profit After Tax	Decimal	Disabled Textbox	Derived field by system, and will be populated if the amount before tax additions is greater than the amount after tax additions.
Loss After Tax	Decimal	Disabled Textbox	Derived field by system, and will be populated if the amount after tax additions is greater than the amount before tax additions.
Appropriations			
Balance at the Beginning of the Year	Decimal	Text Box	Enter the Balance at the Beginning of the Year
Interim Dividends Paid During the Year	Decimal	Text Box	Enter the Interim Dividends Paid During the Year
Proposed Final Dividend	Decimal	Text Box	Enter the Proposed Final Dividend
Dividend Distribution on Tax	Decimal	Text Box	Enter the Dividend Distribution on Tax
Transfer to Reserves/Other Accounts	Decimal	Text Box	Enter the Transfer to Reserves/Other Accounts
Profit Carried to Balance Sheet	Decimal	Disabled Textbox	Derived field by system, and will be populated if there is an overall profit.
Loss Carried to Balance Sheet	Decimal	Disabled Textbox	Derived field by system, and will be populated if there is an overall loss.
Particulars			
Serial No.	Numeric	Text Box	Enter the value for the serial number.
Particulars	Varchar	Text Box	Enter the particulars and details
Value in INR	Decimal	Text Box	Enter the Value in INR
Number	Decimal	Text Box	Enter the Number

Other Form-level considerations:

Total Values in the following tables are auto populated by the system by adding their respective rows

- Income Table
- Expenses Table
- The values for the following fields are derived and auto populated by the system:
- Profit / (Loss) Before Tax: (Income-Expenses)
- Profit / (Loss) After Tax: (Profit / (Loss) Before Tax- total of current tax and Deferred tax).
- Profit / Loss Carried to Balance Sheet: Difference of total of (profit/(Loss) After tax and Balance at the beginning of the year) and (Interim Dividend paid during the year, Proposed final dividend, Dividend distribution on tax, Transfer to reserves/other Accounts)

1. For the row Other business income- If income is greater than 20% of total income, then a section to fill the following fields is displayed: -

   - Particulars of income,

   - Amount received during the Year

   - Basis of remuneration

   - Explanatory note

2. For the row-other miscellaneous ,If income is greater than 10% of total income, then a section to fill the following fields is displayed: -

   - Particulars of income

   - Amount received during the Year

   - Explanatory note

3. For the row- payment for business procurement ,if Insurer selects the values other than 0, then a section to fill the following fields is displayed: -

   - Name and relationship of the payee

   - Amount paid

   - Basis of payment

4. The particulars table is an optional table, and to be filled by the user to provide additional information about his income or expenses.

5. Maximum 15 digits before decimal and 2 digits after decimal are allowed in numeric fields.

Form D-Audit Arrangements for an Insurance Broker

Objective: All Brokers are required to file Form D-Audit arrangements for an Insurance broker. This form captures the details related to the name of the statutory auditor both external and internal and personal details related to auditors such as address and qualifications. This form is a part of annual Returns and is to be submitted by the Brokers once in a year.

Method of filling & submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text Box	Year would be auto populated
Broker	Varchar	Disabled Text Box	Broker Name would be auto populated
Submitted On	Date	Disabled Text Box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text Box	Submission due date would be auto populated as the form is opened
Name of the Statutory Auditor	Varchar	Textbox	Enter the Name of the Statutory Auditor
Address of the Statutory Auditor	Varchar	Text box	Enter the address of the Statutory Auditor
Name of partner responsible for audit of the broker	Varchar	Textbox	Enter the name of partner responsible for audit of the broker
Name of Internal Auditor (refer Regulation 27)	Varchar	Text box	Enter the name of Internal Auditor (refer Regulation 27)
Address of Internal Auditor	Varchar	Text box	Enter the address of Internal Auditor
Qualifications	Varchar	Textbox	Enter the Qualifications
Experience	Varchar	Textbox	Enter the Experience

If an employee, to whom does the internal auditor report?	Varchar	Textbox	Enter the details for 'If an employee, to whom does the internal auditor report?'
Particulars of changes, if any, during the reporting period	Varchar	Textbox	Enter the value for Particulars of changes, if any, during the reporting period.

Form J–Insurance Bank Accounts of Insurance Brokers

Objective: All Brokers are required to file Form J–Insurance bank accounts of insurance brokers. This form captures the details related to the name of the statutory auditor both external and internal and personal details related to auditors such as address and qualifications. This form is a part of annual Returns and is to be submitted by the Brokers once in a year.

Method of filling &submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text Box	Year would be auto populated
Broker	Varchar	Disabled Text Box	Broker Name would be auto populated
Submitted On	Date	Disabled Text Box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text Box	Submission due date would be auto populated as the form is opened
Name of Bank	Boolean	Combo Box	Select Name of Bank from the values available in the dropdown.
Address of Bank	Varchar	Text box	Enter the address of Bank
Account Type	Boolean	Combo Box	Select the account type from the dropdown as either Current or Savings.
Bank A/C No.	Varchar	Text box	Enter the Bank account number.
Purpose of Account	Varchar	Text box	Enter the purpose of account.
Whether Reg 23(2) (C) complied with	Boolean	Combo Box	Select 'whether registered 23(2) (C) complied with' as either Yes or No.
Balance in account as at end of reporting period	Decimal	Textbox	Enter the balance in account as at the end of reporting period

Other Form-level considerations:

- Value for the column 'Whether Reg 23(2) (C) complied with' is either Yes or No.

- "Balance in account as at the end of reporting period" is bank balance of the broker.

Form T–Details of Group companies for an Insurance Broker

Objective: All Brokers are required to file Form T–Details of Group companies. This form captures the details related to the name of the concern and the shareholders unique id and address details. It also includes the information related to the nature of interest of promoters and Applicant Company. This form is a part of annual Returns and is to be submitted by the Brokers once in a year.

Method of filling &submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.
Insurance Broker	Varchar	Disabled Text box	Broker Name would be auto populated
Submitted On	Date	Disabled Text box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text box	Submission due date would be auto populated as the form is opened
Details of Group companies for a broker			
Name of Concern	Varchar	Text box	Enter the name of Concern.
Shareholders Unique ID (Indian : PAN No) (Foreign : Tax ID)	Varchar	Text box	Enter the Shareholders Unique ID.
Address	Varchar	Text box	Enter the address.
Type of activity handled	Varchar	Text box	Enter the type of activity handled.

Nature of Interest of Promoter/ Authorized signatory	Varchar	Text box	Enter the nature of interest of Promoter/ Authorized signatory of the group company
Nature Of interest with applicant company	Varchar	Text box	Enter the nature of interest of the group company with the applicant company.

Other Form-level considerations:

- Broker has to declare details of Group Company's up to founder level.

Form H–Spread of Business during the year ending – (Regulation 20)

Objective: All Brokers are required to file Form H– Spread of Business during the year ending. This form captures the to the name details related of the client ,premium on direct insurance booked for the client and premium on reinsurance broking in respect of the client's business. This form is a part of annual Returns and is to be submitted by the Brokers once in a year.

Method of filling &submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.
Insurance Broker	Integer	Disabled Text box	Broker Name would be auto populated
Submitted On	Date	Disabled Text box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text box	Submission due date would be auto populated as the form is opened
Name of Client	Varchar	Text Box	Enter the name of Client.
Premium On Direct Insurance Booked for the Client			
Fire	Decimal	Text Box	Enter the Premium amount for fire.
Marine	Decimal	Text Box	Enter the premium amount for Marine.
Miscellaneous	Decimal	Text Box	Enter the premium amount for Miscellaneous.
Premium On Reinsurance Broking In Respect Of That Client's Business			

Fire	Decimal	Text Box	Enter the Premium amount for fire.
Marine	Decimal	Text Box	Enter the premium amount for Marine.
Miscellaneous	Decimal	Text Box	Enter the premium amount for Miscellaneous.
Total Of All Clients	Decimal	Disabled Text box	Derived by system, by adding all the values in the respective columns.

Other Form-level considerations:

- The 'Total of all Clients' field for all the columns are auto populated by adding the rows in table.
- Only top ten clients are to be entered on the form

Form K–Professional Indemnity Insurance in force as at (Year)

Objective: All Brokers are required to file Form K– Professional Indemnity Insurance in force. This form captures the details related to the name of the insurer providing PI cover,
policy number, period of insurance and the sum insured. This form is a part of annual Returns and is to be submitted by the Brokers once in a year.

Method of filling &submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry/Form Filling Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.
Insurance Broker	Integer	Disabled Text box	Broker Name would be auto populated
Submitted On	Date	Disabled Text box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text box	Submission due date would be auto populated as the form is opened
Name of Insurer providing PI Cover	VarChar	Combo Box	Enter the Name of Insurer providing PI Cover.
Policy No/Endorsement No.	VarChar	Text Box	Enter the Policy No/Endorsement No.
Period of Insurance: (From Date)	Date	Text box-calendar option	Enter the Period of Insurance: (From Date).
Period of Insurance: (To Date)	Date	Text box-calendar option	Enter the Period of Insurance: (To Date).
Limit Of Indemnity: Per Event (AOA)	Decimal	Text Box	Enter the Limit Of Indemnity: Per Event (AOA).

Limit Of Indemnity: In Aggregate for the Policy Period **(AOY)**	Decimal	Text Box	Enter the Limit Of Indemnity: In Aggregate for the Policy Period (AOY).
Basis of Indemnity **(On claims made basis or on loss occurring basis)**	Decimal	Text Box	Enter the Basis of Indemnity.
Deductible:	Decimal	Text Box	Enter the Deductible
Premium for the cover:	Decimal	Text Box	Enter the Premium for the cover.
Whether requirements for the Regulation 24, sub-regulation (4) and (5) are complied with? **(Yes/No)**	VarChar	Combo Box	If Requirements are complied with then enter 'Yes' else enter 'No'.
Please State The Relevant Percentages	Decimal	Text Box	Enter the relevant percentage.

Form O- Capital Structure and shareholders details for an Insurance Broker

Objective: All Brokers are required to file Form O – Capital Structure and shareholder details of an Insurance Broker. This form captures the capital structure details and the shareholding pattern of the insurance broker. This form is a part of annual Returns and is to be submitted by the Brokers once in a year.

Method of filling &submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year		Disabled	
	Integer	Text box	Year would be auto populated.
Insurance Broker		Disabled	
	Varchar	Text box	Broker Name would be auto populated
Submitted On		Disabled	
	Date	Text box	Submitted on would be auto populated after form has been submitted
Submission Due Date		Disabled	
	Date	Text box	Submission due date would be auto populated as the form is opened
Capital Structure			
Amount	Integer	Text Box	Enter Amount against each type of capital
FDI Details			
Shareholder Name	Varchar	Text box	Enter the Shareholder Name
Total equity share capital	Integer	Text Box	Enter Total Equity Share Capital
% Holding			Enter % Holding
	Integer	Text box	
Shareholder Details			

Category of Shareholder (Foreign Direct/ Foreign Indirect/Indian)	Varchar	Text box	Enter the Category of Shareholder whether Foreign Direct or Foreign Indirect or Indian
Name of Shareholder	Varchar	Text box	Enter the Name of Shareholder
Address of Shareholder	Varchar	Text box	Enter the Address of Shareholder
Business or Profession	Varchar	Text box	Enter the Business or Profession of Shareholder
Shareholder Unique ID (Indian: PAN No) (Foreign: Tax ID)	Varchar	Text box	Enter Shareholder Unique ID. If Indian enter PAN No. If Foreign enter Tax ID
Shareholding as at end of reporting period (number)	Integer	Text box	Enter number of shares as at end of reporting period
Shareholding as at end of reporting period (amount)	Integer	Text box	Enter Shareholding amount as at end of reporting period
Date of changes in shareholding during the period	Date	Text box	Enter Date of changes in shareholding during the period
Particulars of changes in shareholding during the period	Varchar	Text box	Enter Particulars of changes in shareholding during the period
Loans and Advances to the broker firm	Varchar	Text box	Enter Loans and Advances to the broker firm
Other Investments in the broker firm	Varchar	Text box	Enter Other Investments in the broker firm
Initial Subscribers of MOA			

Name of the Subscriber	Varchar	Text box	Enter Name of the Subscriber
Address of the subscriber	Varchar	Text box	Enter address of the subscriber
Business or Profession	Varchar	Text box	Enter Business or Profession of the subscriber
Shareholder Unique ID (Indian: PAN No) (Foreign: Tax ID)	Varchar	Text box	Enter Shareholder Unique ID. If Indian enter PAN No. If Foreign enter Tax ID
Shareholding as at end of reporting period (number)	Varchar	Text box	Enter number of shares as at end of reporting period
Shareholding as at end of reporting period (amount)	Varchar	Text box	Enter Shareholding amount as at end of reporting period
Date of changes in shareholding during the period	Date	Text box	Enter Date of changes in shareholding during the period
Particulars of changes in shareholding during the period	Varchar	Text box	Enter Particulars of changes in shareholding during the period
Loans and Advances to the broker firm	Varchar	Text box	Enter Loans and Advances to the broker firm
Other Investments in the broker firm	Varchar	Text box	Enter Other Investments in the broker firm
Associate Company Wise			
Name of the Associate	Varchar	Text box	Enter Name of the Associate
Address of the associate	Varchar	Text box	Enter address of the associate

Business or Profession	Varchar	Text box	Enter Business or Profession of the associate
Shareholder Unique ID (Indian: PAN No) (Foreign: Tax ID)	Varchar	Text box	Enter Shareholder Unique ID. If Indian enter PAN No. If Foreign enter Tax ID
Shareholding as at end of reporting period (number)	Varchar	Text box	Enter number of shares as at end of reporting period
Shareholding as at end of reporting period (amount)	Varchar	Text box	Enter Shareholding amount as at end of reporting period
Date of changes in shareholding during the period	Date	Text box	Enter Date of changes in shareholding during the period
Particulars of changes in shareholding during the period	Varchar	Text box	Enter Particulars of changes in shareholding during the period
Regulatory Body	Varchar	Text box	Enter the name of the regulatory body

Form E: Particulars of persons responsible for soliciting or procuring or broking insurance or reinsurance Business

Objective: All Brokers are required to file Form E. This form captures the detail information of the brokers. The objective of this form is to declare the details of the insurers responsible for soliciting and procuring of insurance or reinsurance Business.

Method of filling & submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.
Broker Category	varchar	Disabled Text box	Enter the values for the Broker category
Insurance Broker	Varchar	Disabled Text box	Broker Name would be auto populated
Submitted On	Date	Disabled Text box	Submitted on would be auto populated after form has been submitted
Insurance Business			
Name	Varchar	Disabled Text Box	Prepopulated name of Insurer will be displayed
Branch Address	Varchar	Disabled Text Box	Prepopulated address will be populated
qualification	Integer	Combo Box	Select from Dropdown box for for Qualification
Insurance Qualifications	Integer	Combo Box	Select from Dropdown box for for Insurance Qualification
Experience	Varchar	Text Box	Enter the total experience.
Insurance Broker Exam - Year of Passing	Integer	Combo Box	Year drop box will get displayed
Training Received (Direct)	Varchar	Text Box	Enter the training received details

Classes of Business handled	Integer	Combo Box	Select from Dropdown box for classes for business handled
Designation	Integer		Select from Dropdown box for designation
Function	Varchar	Text Box	Enter the function details
Particulars of changes during the period	Varchar	Text Box	Enter the particulars of changes during the periods
Reinsurance Business			
Name	Varchar	Disabled Text Box	Prepopulated name of Insurer will be displayed
Branch Address	Varchar	Disabled Text Box	Prepopulated address will be displayed.
qualification	Integer	Combo Box	Select from Dropdown box for
Insurance Qualifications	Integer	Combo Box	Select from Dropdown box for Insurance Qualification
Experience	Varchar	Text Box	Enter the total experience
Insurance Broker Exam - Year of Passing	Integer	Combo Box	Select from Dropdown box for Year
Training Received (Composite)	Varchar	Text Box	Enter the training received details
Classes of Business handled	Integer	Combo Box	Select from Dropdown box for classes for business handled
Designation	Integer	Combo Box	Select from Dropdown box for designation
Function	Varchar	Text Box	Enter the function details
Particulars of changes during the period	Varchar	Text Box	Enter the particulars of changes during the periods

Form F: Particular of branch and registered offices

Objective: All Brokers are required to file Form F. This form captures the detail information of the broker's Offices (registered and branch). The objective of this form is to declare the details of all the registered and branch details of the brokers.
Method of filling & submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both Authorized signatories at the bunch level, before they are submitted to IRDA.
Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.
Broker Category	varchar	Disabled Text box	Enter the values for the Broker category
Insurance Broker	Varchar	Disabled Text box	Broker Name would be auto populated
Submitted On	Date	Disabled Text box	Submitted on would be auto populated after form has been submitted
Branch Office Details			
Address of office	VarChar	Text Box	Enter the address of the Branch office.
Area Type	Integer	Combo Box	Select from Dropdown box area type
City	Integer	Combo Box	Select from Dropdown box city
State	Integer	Combo Box	Select from Dropdown box for state
Person in Charge	VarChar	Text Box	Enter the name of the person in charge
No. of broking staff	Integer	Combo Box	Select from Dropdown box for number of broking staffs
No. of other staff	Integer	Combo Box	Select from Dropdown box for other staffs
Date of Opening of	Date	Combo Box	Select from Dropdown box

Office			for date
Whether in operation or not (Yes/No)	Integer	Combo Box	Dropdown box will get displayed with yes/no option
Date of Closure	Date	Combo Box	Select from Dropdown box date
Registered Office Details			
Address of office	VarChar	Text Box	Enter the address of the office
Area Type	Integer	Combo Box	Select from Dropdown box for area type
State	Integer	Combo Box	Select from Dropdown box for state.
Activities	VarChar	Text box	Enter the Activities
Person in Charge	VarChar	Text Box	Enter the name of person in charge.
No. of broking staff	Integer	Combo Box	Select from Dropdown box for no. of broking staffs.
No. of other staff	Integer	Combo Box	Select from Dropdown box for no. of other staffs
Whether a head office (Yes/No)	Integer	Combo Box	Dropdown box will get displayed with yes/no option
Whether in operation or not (Yes/No)	Integer	Combo Box	Dropdown box will get displayed with yes/no option

Form G: Standing arrangements with other insurance brokers or service providers

Objective: All Brokers are required to file Form. This form captures the detail information of standing arrangements with other insurance brokers or service providers.

Method of filling & submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.
Broker	Integer	Disabled Text box	Enter the Broker name.
Submitted On	Date	Disabled Text box	Date would be auto populated
Submission Due Date	Date	Disabled Text box	Date would be auto populated after form has been submitted
Name	VarChar	Text Box	Enter the name of the Broker
Address	VarChar	Text Box	Enter the address of the office.
Particulars of arrangement	VarChar	Text Box	Enter the particulars of arrangement.
*Any agreement entered into with others? Yes/No	Integer	Combo Box	Dropdown will get displayed(select either yes/no
Whether service provider is/are from group companies - Yes/No?	Integer	Combo Box	Dropdown will get displayed(select either yes/no
Basis of Remuneration	Integer	Combo Box	Select from Dropdown box for basis of remuneration.
Amount paid during the latest financial year	Decimal	Combo Box	Enter the amount in Indian rupees.

Form P: Board of Directors/ Partners and management

Objective: All Brokers are required to file Form. This form captures the detail information of Board of Directors/ Partners and management.

Method of filling & submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.
Broker	Integer	Disabled Text box	Enter the Broker name.
Submitted On	Date	Disabled Text box	Date would be auto populated
Submission Due Date	Date	Disabled Text box	Date would be auto populated after form has been submitted
Details of the Board of Director/ Principal Officer			
Name of the person	VarChar	Text Box	Enter the name of Insurer
PAN No.	VarChar	Text Box	Enter the PAN card no.
Address (Street, House)	VarChar	Text Box	Enter the address
City	Integer	Combo Box	Select the city from the dropdown list.
District	Integer	Combo Box	Select the city from the dropdown list.
State	Integer	Combo Box	Select the state from the dropdown list.

Pincode	Integer	Text Box	Enter the pin code
Profession	VarChar	Text Box	Enter the profession
Appointment/ Cessation Date	Date	Combo Box	Select the required date from the dropdown
Designation if holding position	VarChar	Text Box	Enter the Designation
Particulars of changes during the period since the last report	VarChar	Text Box	Enter the Particulars of changes during the period since the last report
Details of Directorship in other entities (If any)	VarChar	Text Box	Enter the Details of Directorship in other entities (If any)
Persons in Charge of Management			
Name of the person	VarChar	Text Box	Enter the Name of the person
Address (Street, House)	VarChar	Text Box	Enter the Address (Street, House)
City	Integer	Combo Box	Select the City from the dropdown list.
District	Integer	Combo Box	Select the District from the dropdown list.
State	Integer	Combo Box	Select the state from the dropdown list.
Pin code	Integer	Text box	Enter the Pin code
Designation	VarChar	Text Box	Enter the Designation
Shareholders Unique ID (Indian : PAN No) (Foreign : Tax ID)	VarChar	Text Box	Enter the Shareholders Unique ID (Indian : PAN No) (Foreign : Tax ID)
Nature of Functions	VarChar	Text Box	Enter the Nature of Functions
Qualifications	VarChar	Text Box	Enter the Qualifications
Experience including Insurance experience	VarChar	Text Box	Enter the Experience including Insurance experience
Nature of training	VarChar	Text Box	Enter the Nature of

received			training received
Duration of training received	VarChar	Text Box	Enter the time Duration of training received
Particulars of changes during the period	VarChar	Text Box	Enter the Particulars of changes during the period

Financial Data for Insurance Brokers

Objective: All Brokers are required to file Form Q-Financial data for Insurance Brokers. This form captures the details related to the name of the concern Insurer broker, the shareholders unique id, address details and information related to the nature of interest of promoters and Applicant Company. This form is a part of annual Returns and is to be submitted by the Brokers once in a year.

Method of filling &submission: This form is to be filled by the Brokers Authorized signatories/employees. The saved forms are to be digitally signed by both Authorized signatories at the bunch level, before they are submitted to IRDA.

Data Entry and Submission Guidelines:

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.
Half Year	Integer	Disabled Text box	Half Year would be auto populated.
Insurance Broker	Varchar	Disabled Text box	Broker Name would be auto populated
Submitted On	Date	Disabled Text box	Submitted on would be auto populated after form has been submitted
Submission Due Date	Date	Disabled Text box	Submission due date would be auto populated as the form is opened
Income Data			
Direct Insurance remuneration	Decimal	Text Box	Enter the amount for Direct Insurance remuneration
Reinsurance remuneration	Decimal	Text Box	Enter the amount for Reinsurance remuneration
Advisory fees	Decimal	Text Box	Enter the amount for Advisory fees
Insurance consultancy	Decimal	Text Box	Enter the amount for Insurance consultancy
Investment Income	Decimal	Text Box	Enter the amount for Investment Income

Others	Decimal	Text Box	Enter the amount for Others.
Investment Data			
Group Companies (Amount For Current year (As per selection))	Decimal	Text Box	Enter the amount for Group Companies (For Current year (As per selection))
Group Companies (Remarks from Statutory Auditor (if Any))	Varchar	Text Box	Enter the remarks from Statutory Auditor for Group Companies (For Current year)
Equity(Amount For Current year (As per selection))	Decimal	Text Box	Enter the Equity(Amount For Current year (As per selection))
Equity(Remarks from Statutory Auditor (if Any))	Varchar	Text Box	Enter the remarks for Equity from Statutory Auditor.
Debt(Amount For Current year (As per selection))	Decimal	Text Box	Enter the amount for Group Companies (For Current year (As per selection))
Debt(Remarks from Statutory Auditor (if Any))	Varchar	Text Box	Enter the remarks from Statutory Auditor for Debt.
Loans/ Advances given directly or indirectly to group companies(Amount For Current year (As per selection))	Decimal	Text Box	Enter the amount for Loans/ Advances given directly or indirectly to group companies (For Current year (As per selection)).
Loans/ Advances given directly or indirectly to group companies(Remarks from Statutory Auditor (if Any))	Varchar	Text Box	Enter the remarks from Statutory Auditor for Loans/ Advances given directly or indirectly to group companies.
Others(Amount For Current year (As per selection))	Decimal	Text Box	Enter the amount for others(For Current year (As per selection))
Others (Remarks from Statutory Auditor (if Any))	Varchar	Text Box	Enter the remarks from Statutory Auditor for Others
Total	Decimal	Disabled Text Box	Derived field by system, by adding all the amounts for current year in this column.

Other Form-level considerations:

1. The value for the Total are derived field and are auto populated by the system by adding the respective details in the columns:

   - Income Data Table
   - Investment Table

2. This form provides the provision that if the Insurer enters the value for the row that 'Is there any other information relevant to the financial data of broking firm over and above captured in above forms to be declared explicitly?' as 'Yes' or 'No' then a section is provided to browse and upload the required documents .

Error Handling

The below table provides a list of Error messages displayed during invalid/wrong submission of details in Returns applications.

Application	Scenario	Message	Type
Returns	Mandatory fields not entered	Field is Mandatory.	Input field
	Data other than numeric values entered for numeric input fields	Enter a numeric value	Input field
	Clicking on View/Print Submitted forms, Edit Submitted forms when no submitted returns exist for that period	No Submitted Returns Found For This Period	NA
	Trying to fill returns of a future period before filling in the current period	You cannot proceed with this until pending returns are submitted	NA
	Trying to submit returns for a period when all the forms are not filled	Some of the forms belonging to this bunch are not yet filled	NA

Frequently Asked Questions

1) **What happens if my Master ID (Corporate Broker) is deleted?**
   If your master ID is deleted, then you have to re-register yourself in the portal.

2) **How to login into portal, if I Forget My Password?**
   Use Forgot Password/ Change Password link on Login Page to retrieve your password. (Forgot Password/Change Password)
   An Email will be sent to you on successfully updating the password, use the information provided in mail to login again.

3) **How to login into portal, after 3 failed attempts?**
   On 3 failed attempts of login, the account gets locked. Contact IRDA offline to unlock the Account.

4) **Can I create any number of Sub IDs (Authorized signatories and Employees) for my organization?**
   No, you can create maximum of 3 Sub IDs: 2 Authorized signatories, 1 Employee. To create additional Sub IDs, one of these IDs must be deleted. (Create Sub ID)

5) **What is difference between Broker Authorized signatories and employee roles?**
   Broker Authorized signatory and employee are the Sub IDs created by Insurance Broker.

   - A **Broker Authorized signatory** can fill the License Applications & Returns (Quarterly, Annual, Half yearly). He can attach Digital Signature to the Authorized Applications. He can submit the Applications & Returns as well.
   - An **Employee** can only enter/ Fill the License Application forms & Returns. He can submit the applications & Returns only after Digital Signature is signed by Authorized Directors.

6) **What options are available to make Payment?**
   You can Make Payment by two means. They are: Demand Draft and NEFT/RTGS Details.

7) **How would Brokers receive acknowledgement regarding their applications and returns?**
   An Email Notification is sent on Submission of Applications and Returns.

Glossary

A

Audit

An official inspection of an individual's or organization's accounts, typically by an independent body

Auditor

A person who conducts an audit

Account locked

A scenario in which a user has made three unsuccessful attempts to login to the portal

B

Broker

One that acts as an agent for others, as in negotiating contracts, purchases, or sales in return for a fee or commission.

BAP

Acronym is Business Analytics Project

Brokerage Income

A fee or commission charged by a broker.

Balance Sheet

A financial statement that summarizes a company's assets, liabilities and shareholders' equity at a specific point in time

C

Capital

Capital refers to sums of money or assets put to productive use.

 Claims

Legal demand or assertion by a claimant for compensation, payment, or reimbursement for a loss under a contract, or an injury due to negligence

D

Direct Insurance

General () insurance in which an insurer is directly responsible to the insured, without involving a reinsurer
Dividend

A sum of money paid regularly (typically quarterly) by a company to its shareholders out of its profits (or reserves).

Debentures

An unsecured loan certificate issued by a company, backed by credit rather than by specified assets.

F

FDI

Foreign Direct Investment is the investment by a company in a country other than that in which the company is based

I

Insurance Institute of India

Insurance Institute of India conducts training and exams for insurance professionals in India. Its objective is to promote insurance education and training in the country.
It ensures quality in the profession of surveyors by regular up gradation of professional excellence through training programs and seminars.

IRDA

Insurance Regulatory and Development Authority of India is the apex body that regulates the insurance industry in India.

L

Life Insurance

Insurance that pays out a sum of money either on the death of the insured person or after a set period.

M

Master ID

Master ID is the Registered Corporate Broker ID, which can be used to create 3 Sub IDs further. They are 2 Director ID, 1 Employee ID.

O

Outstanding Amount

Outstanding Amount refers to the amount owed.

P

Premium

An amount to be paid for an insurance policy

 Policies

A contract on Insurance

R

Reinsurance

Reinsurance is insurance that is purchased by an insurance company (the "ceding company" or "cadent" under the arrangement) from one or more other insurance companies (the "reinsurer") as a means of risk management

Reminder Email

A set of E mails sent by IRDA to the users on their registered Email ID when any action is required from them

Remuneration

Money paid for work or a service.

Retrieve credentials

A process through which the user can retrieve their login credentials by entering mandatory information.

S

Shareholder

An owner of shares in a company

Share Capital.

Share capital or capital stock refers to the portion of a company's equity that has been obtained (or will be obtained) by trading stock to a shareholder for cash or an equivalent item of capital value

SS LC

SS LC (Secondary School Leaving Certificate) is the certificate received after completion of secondary schooling (10th Grade).

Sub ID

Director and Employee IDs created by the Corporate Broker (Master ID) are called as Sub IDs.

U

URN / Unique Reference Number

The unique reference number that is generated when users successfully submit any application to IRDA

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