



IRDAI

BROKER REGISTRATION AND LICENSING

User Manual

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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 6.0 / 7.0 / 8.0, Apple Safari 5.0 (recommended Internet Explorer 8.0)
Java Runtime	JRE 1.7 Update 72
Adobe Acrobat Reader	9.0 version

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 (TPA) 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.

This project aims at automating the licensing process and the submission of returns by the Brokers, the details for which follow.

Overview

The BAP Portal allows smooth registration of Corporate Broker. The Corporate Broker can then perform following activities:

- Retrieve User id and Passwords.
- Creation of Sub Login ID's for
 - Employee
 - Authorized Signatory
- Updating and deleting the Sub IDs.

BAP Portal allows the end user to perform the following activities:

- Apply for New License.
- Apply for Renewal License.
- Apply for Duplicate License.
- Apply for Changes during licensing period.
- Apply for Change in license category.
- View License Details
- View license application status.
- View license applications pending for clarification.
- Submission of Returns.
- Pay Penalty.



Any designated personnel can fill the form; however the submission of the forms is done by Authorized Signatory only.

Broker Registration

For getting licensed by IRDAI & to work as a Broker, user has to first fill an online '**New User**' registration form available on **IRDA BAP Portal**.

To register on the portal:



1. Open a browser and enter the address: www.irdabap.gov.in. The **IRDA BAP** portal home page is displayed.
2. Click **Register**. The **User Registration** screen is displayed.
3. From **User Type** drop down list, select **Corporate**.
4. 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 (*).

The screenshot shows a web-based registration form with the following sections and fields:

- Navigation:** Home, Insurers, Surveyors, Brokers, TPA
- New User Registration:**
 - User Type: Corporate (dropdown)
 - User Role: Broker (dropdown)
 - Organization Name: Softech Insurance
 - Corporate PAN No: FJSFD2914D
 - Applicant Type: Company, Partnership Firm
- Registered Office Address:**
 - Address 1: Ganesha block, stre
 - Address 2: Block no II
 - Address 3: Porur
 - Country: INDIA
 - State: TAMIL NADU
 - District: CHENNAI
 - City: CHENNAI
 - Region: Urban
 - Pin Code: 631202
- Correspondence Address:** (Fields identical to Registered Office Address)
- Contact Details:**
 - Email ID: Digvijay@gmail.com
 - Alternate Email ID: (empty)
 - Contact Person: Jayalakshmi G
 - Contact Number: +91 - 9845790479
- Registration Details:**
 - Organization Registration ID: 9446544575674122
 - Date Of Registration: 21-01-2013
- Security Question:**
 - Security Question: What is your favor
 - Security Answer: (masked with dots)
- Verification Code:**
 - Visual code: dcrky
 - Input field: dcrky
 - Note: (Letters are case sensitive)
- Buttons:** Submit, Cancel

Figure 1: User Registration Screen

The fields in the Corporate 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. (Format: AAAAA1111A)
Applicant Type	Select either Company or Partnership Firm by selecting radio-button.
Registered Office Address	
Address1	Enter the first line of the address.

Field	Description
Address2	Enter the second line of the address.
Address3	Enter the third line of the address.
Country	<i>This displays the country name. By default, India is displayed.</i>
State	Select state from the drop-down list.
District	Select district from the drop-down list. List of districts will come on the basis of state selected.
City	Select city from the drop-down list. List of cities will come on the basis of district selected.
Region	Select region from the drop-down list.
Pin Code	Enter the pin code number. It has to be 6 digit number only.
Contact Details	
E mail ID	Enter the Email ID.
Alternate E mail ID	Enter the alternate e mail ID.
Contact Person	Enter the Contact Person from your organization
Contact Number	Enter the contact number
Registration Details	
Registration Number	Enter the organization's registration number. It has to be 21 digits number only.
Date of Registration	Enter the organizations date of registration.
Security Question	
Security Question	Select security question from the drop-down list.
Security Answer	Enter answer for the selected security question. Please note down security question and answer as these will help to retrieve the user ID/password in case you forget them.
Verification Code	
Enter Verification Code	Enter case-sensitive verification code as displayed in captcha.

5. 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: Registration Confirmation Screen

6. Click **OK**. The user ID and password are sent to the registered email ID.
7. After registration is done in the portal, end user can create sub ids for **2 authorized signatories** and **1 employee** of the organization.

 *If end user tries 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, user will have to login by entering valid credentials.



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



Figure 4: IRDA BAP Portal Login Screen

3. In **User** field, enter the **user ID**.
4. In **Password** field, enter **password**.
5. Click **Log On**. User Profile will be displayed, along with registered name on the screen.
6. The **Change Password** screen is displayed if user is logged in for the first time or if current password is in use for *90 days* or more. Otherwise, the [User Profile](#) page is displayed.

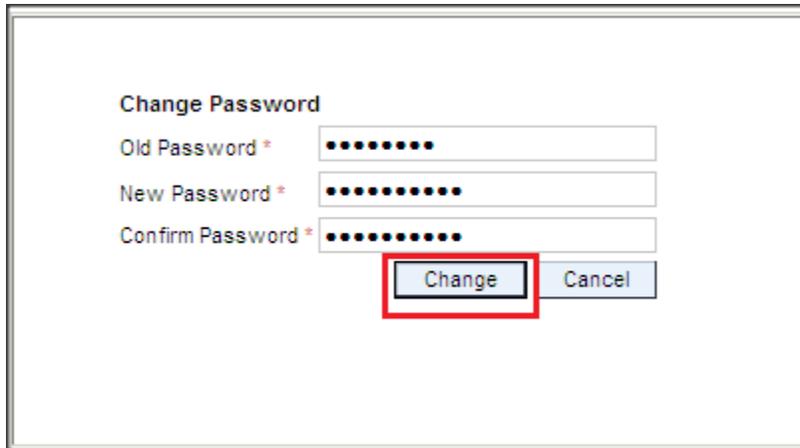


Figure 5: Change Password Screen

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.

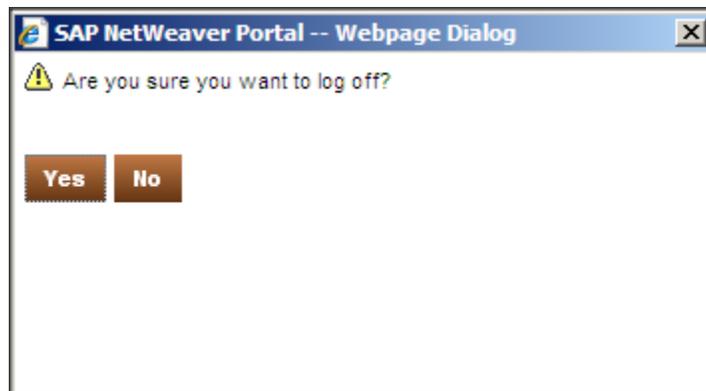


Figure 6: Log off Confirmation Dialog Box

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

Points to Remember

For User ID:

- If user is not logged in to portal for 3 months or more, the user ID will be de-activated.
- If user is registered on portal but has not filled up or submitted any application form for 3 months, the ID will be de-activated.
- If user is registered on the portal and filled up application form but has not made fee payment, the User ID will be de-activated at the end of 3 month period.
- If user does not respond within 3 months (in spite of repeated reminders) to clarifications/documents sought by IRDA on the new license application submitted earlier, the user ID will be locked at end of 3 month period.
- An email notification will be sent to user's registered email ID 3 days before the 3-month period ends, after which user ID will be de-activated.

For Password:

- The BAP Portal account will be locked after user makes 3 unsuccessful attempts to log into the portal.
- In case of password change, the new password must be different from the last five passwords.

Retrieve Credentials

If user forgets the BAP login credentials, user can retrieve them using Retrieve **User ID/Password** option.

Retrieve Master ID:



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

Figure 7: Retrieve User ID/Password Selection

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 user wants to retrieve.
6. In Retrieve, click **Master/Organization ID**. Additional fields are displayed.
7. In the **Registration Number** field, enter the corporate registration number.

Figure 8: Retrieve Master/Organization ID Options

8. Click **Retrieve User ID**. An **Acknowledgement dialog box** is displayed notifying that the user ID has been sent to registered email ID.

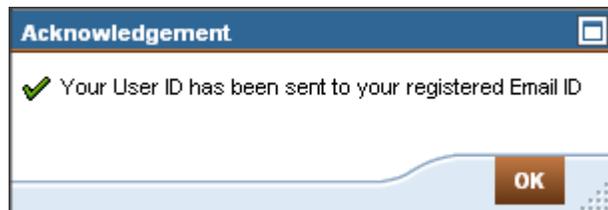


Figure 9: User ID Retrieval Confirmation Message

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

Retrieve Sub Login ID



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

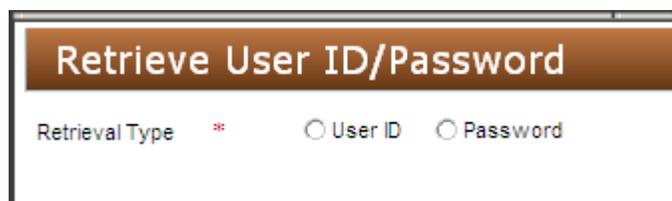


Figure 10: Retrieve User ID/Password Selection

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 registered **E-mail ID**.

Figure 11: Retrieval Sub Login ID

8. Click **Retrieve User ID**. Acknowledgement dialog box is displayed notifying that user ID has been sent to registered email ID.

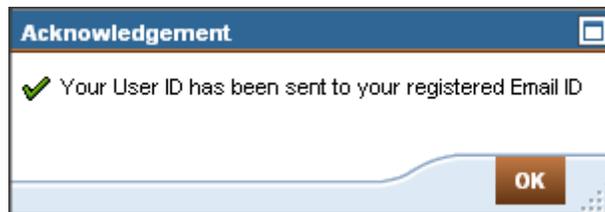


Figure 12: User ID Retrieval Confirmation Message

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

To Retrieve Password:



1. On the IRDA BAP portal 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 user ID.
4. Click **Submit**. additional fields are displayed.

The screenshot shows a web form titled "Retrieve User ID/Password". At the top, there is a header bar with the title. Below the header, the "Retrieval Type" section has two radio buttons: "User ID" (unselected) and "Password" (selected). The "User ID" field contains the text "MAHI1112000" and a "Submit" button is to its right. Below this is a light green bar with the text "Enter same details, provided at the time of registration". A red note states "Note : ALL Fields marked with * are mandatory". The "Security Question" field is a dropdown menu with "What is your favor" selected, and the "Security Answer" field is a yellow box with five black dots. At the bottom, there are two buttons: "Retrieve Password" and "Cancel".

Figure 14: Additional Retrieve Password Options

5. From **Security Question** drop-down list, select the question that is selected while registration.
6. In **Security Answer** field, enter the answer to the security question.

This screenshot is identical to Figure 14, showing the "Retrieve User ID/Password" form. The "Submit" button is no longer visible, and the "Retrieve Password" button is now the primary action button at the bottom left, next to the "Cancel" button. All other elements, including the "User ID" field with "MAHI1112000", the "Security Question" dropdown with "What is your favor", and the "Security Answer" field with five dots, remain the same.

Figure 15: Retrieve Password Process

7. Click **Retrieve Password**. Acknowledgement message dialog box is displayed, notifying that new password has been sent to the registered Email ID.

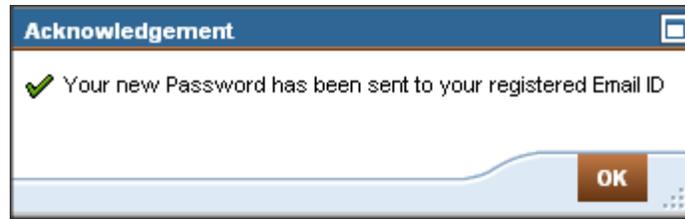


Figure 16: Retrieve Password Process

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

 *If user enters incorrect retrieval information, an error message is displayed.*

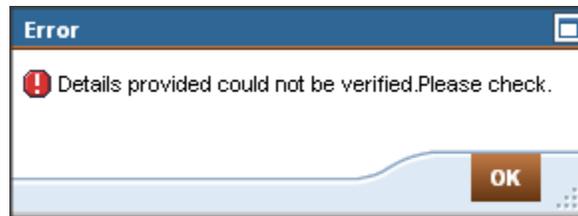


Figure 17: Incorrect retrieval information error message

User Profile for Master ID

When user you logs into the portal, the User Profile screen is displayed. On this screen, user can change password and update profile.

User Profile	Create Sub ID	Update/Delete Sub ID
User Profile		
User Profile		
Organisation Name	Softetch Insurance	
Address1	Ganesha Block, block no.14	
Address2	Opposite White House	
Address3	Chennai	
Country	INDIA	
State	TAMIL NADU	
District	CHENNAI	
City	CHENNAI	
Region	Urban	
PinCode	600036	
Email ID	Digvijay@gmail.com	
Contact Number	+91 - 9874561230	
Change Password		Update User 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.

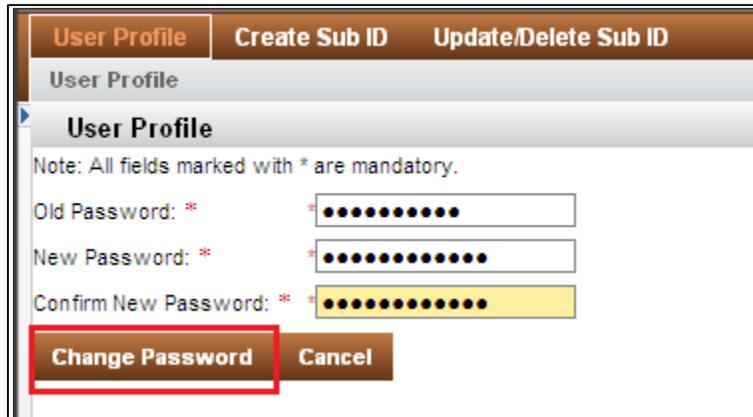


Figure 19: User Profile - Change Password screen

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**. Acknowledgement dialog box is displayed notifying that your password has been changed successfully. Click **OK**

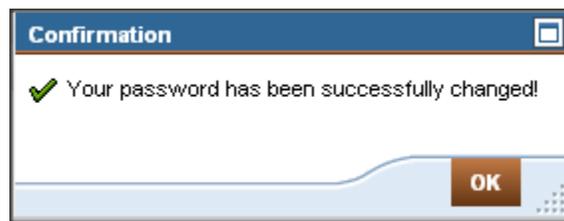


Figure 20: Password Change Confirmation Message

To Update User Profile:



1. On the **User Profile** screen, click **Update User Profile**. The **Update User Profile** screen is displayed. Through this screen, user can only update the contact details.

The screenshot shows a web application interface for updating a user profile. The page has a navigation bar with 'User Profile', 'Create Sub ID', and 'Update/Delete Sub ID'. The main content area is titled 'User Profile' and contains the following sections:

- Update Details:** Includes fields for User Type (Corporate), User Role (Broker), Organization Name (Softech Insurance), Corporate PAN No (FJSFD2914A), and Applicant Type (Company selected, Partnership Firm unselected).
- Registered Office Address:** Includes fields for Address 1, 2, and 3, Country (INDIA), State (TAMIL NADU), District (CHENNAI), City (CHENNAI), Region (Urban), and Pin Code (656123).
- Correspondence Address:** Includes fields for Address 1, 2, and 3, Country (INDIA), State (TAMIL NADU), District (CHENNAI), City (CHENNAI), Region (Urban), and Pin Code (656123).
- Contact Details:** Includes fields for Email ID (Digvijay@gmail.com), Alternate Email ID, Contact Person (Gauri Gupte), and Contact Number (+91 - 9874561230).
- Registration Details:** Includes fields for Organization Registration ID (1983652819263846) and Date Of Registration (12-12-2012).
- Security Question:** Includes a dropdown for Security Question (What is your favor) and a masked input field for Security Answer.

At the bottom of the form, there are 'Submit' and 'Cancel' buttons.

Figure 21: Update User Profile Screen

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

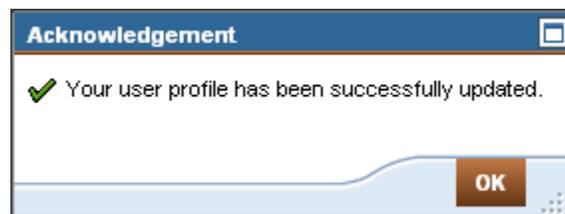


Figure 22: User Profile Update Confirmation Message

3. Click **OK**.

User Profile for Sub Login ID

When user log into the portal using broker sub ID, the User Profile screen is displayed.



1. On this screen, user has to first enter the security question and answer.

Figure 23: Updating Security Question and Answer

2. Click **Submit**.

Name	Digvijay Singh
Address1	Ganesh Block, block no.14
Address2	Opposite White House
Address3	Chennai
Country	INDIA
State	TAMIL NADU
District	CHENNAI
City	CHENNAI
Region	Urban
PinCode	600036
Email ID	Digvijay@gmail.com
Contact Number	+91 - 9874561244

Figure 24: User Profile Screen for Sub Login ID

On this screen, user can change password and update the profile. User also needs to upload the digital signature from this page.

To Change Password:



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

A screenshot of a web application window titled "User Profile". At the top, there is a note: "Note: All fields marked with * are mandatory." Below the note are three password input fields: "Old Password: *", "New Password: *", and "Confirm New Password: *". Each field contains a series of black dots representing masked characters. At the bottom of the form, there are two buttons: "Change Password" and "Cancel". The "Change Password" button is highlighted with a red rectangular border.

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**. **Acknowledgement dialog box** is displayed notifying that the password has been changed successfully.

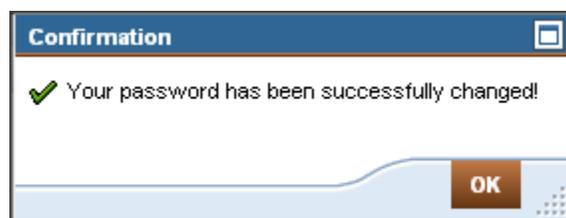


Figure 26: Password Change confirmation message

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 user can only update the security question and answer.

User Profile	
Name	Digvijay Singh
Address1	Ganesh Block, block no.14
Address2	Opposite White House
Address3	Chennai
Country	INDIA
State	TAMIL NADU
District	CHENNAI
City	CHENNAI
Region	Urban
PinCode	600036
Email ID	Digvijay@gmail.com
Contact Number	+91 - 9874561244

Security Question

Security Question * Security Answer *

Figure 27: Update User Profile screen

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



Figure 28: User Profile Update Confirmation Message

3. Click **OK**.



Register Digital Signature is displayed in User Profile of Directors only.

Description of the menu tabs for Master IDs

The Master ID screen contains the following menu tabs:

1. [Create Sub ID](#) – User can create sub ids for employees and authorized signatories of the company. User is allowed to create sub ids for **2 authorized signatories** and **1 employee**.
2. [Update/ Delete Sub ID](#) – User can update the **designation, email id** and **contact number** of any of the authorized signatories and employees. At the same time user can also delete any of the authorized signatories / employee IDs created on the portal.

Description of the menu tabs for Sub ID

The Sub ID screen contains the following menu tabs:

1. **Licensing** - Allows user to apply for a new license, renew license, duplicate license, changes during licensing period, change in license category and pay annual fees.
2. **Returns:** Allows user ~~you~~ to submit returns that include information related to the business conducted by firm during the financial year.
3. **View Application Status** - Allows user to track the status of the submitted applications.
4. **View License Details**- Allows user to view the status and other information related to License.
5. **Pending for clarification** - Allows user to upload additional documents and provide clarification required by IRDAI during processing of applications.
6. **Pay Penalty:** Allows user to view and pay the penalties imposed on the user ~~you~~ by IRDA.

Digital Signature

In **Digital Signature**, user needs to register the digital signature that user wants to use for their corporate Broker. User can obtain the digital signature from several companies/authorities/agencies that provide them. There are two options by which user can register the digital signature.

- **Option 1:** Uploading the digital signature through the BAP portal - In this option user can upload the digital signature through BAP portal and then register it. Then, whenever user needs to attach the signature, user will have to upload the signature again.
- **Option 2:** Importing the digital signature on your browser - In this option, user can upload the digital signature in any browser and then register it. Then, whenever user wants to attach the signature, user just needs to click the **Attach Digital Signature** button and select the signature that user has imported on the browser.

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



1. On the **User Profile** screen, click **Register Digital Signature**. The **Web Signer** dialog box opens.

User Profile	Broker
User Profile	
Name	<i>Digvijay Singh</i>
Address1	<i>Ganesha Block, block no.14</i>
Address2	<i>Opposite White House</i>
Address3	<i>Chennai</i>
Country	<i>INDIA</i>
State	<i>TAMIL NADU</i>
District	<i>CHENNAI</i>
City	<i>CHENNAI</i>
Region	<i>Urban</i>
PinCode	<i>600036</i>
Email ID	<i>Digvijay@gmail.com</i>
Contact Number	<i>+91 - 9874561244</i>
<input type="button" value="Change Password"/> <input type="button" value="Update User Profile"/> <input type="button" value="Register Digital Signature"/>	

Figure 29: User Profile screen

Web Signer

Insurance Regulatory Development Authority
Better Regulation Through Automation & Business Analytics

Content to Sign:
DISI1312000

Windows Store | P12/PFX

Common Name	Issuer Name	Serial No

View Certificate Sign Cancel

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.

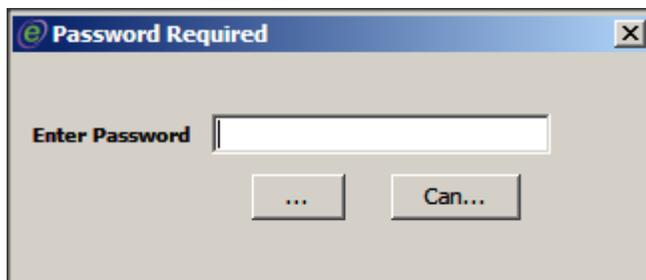


Figure 31: Password required dialog box

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.

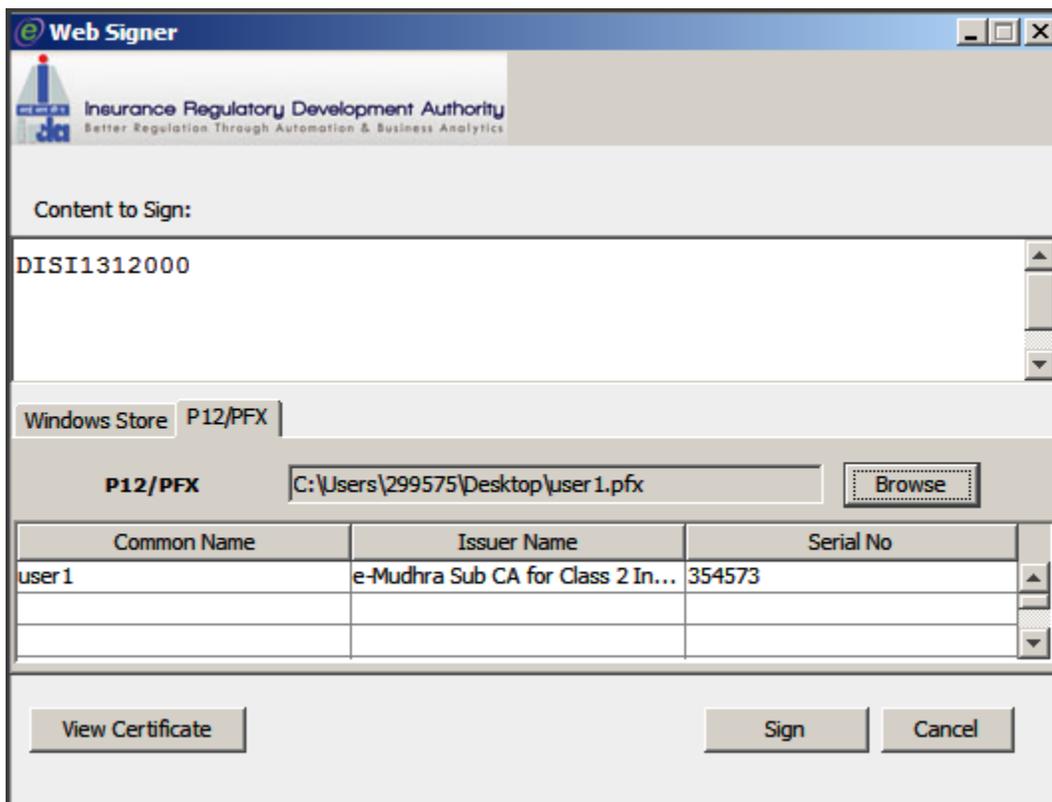


Figure 32: Web Signer dialog box displaying the uploaded signature

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**.

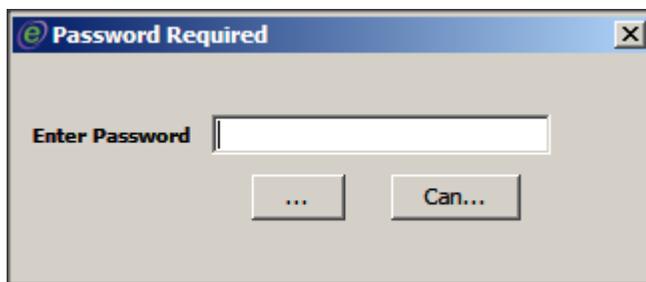


Figure 33: Password required dialog box

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 user registers the signature through this option, then, whenever user wants to attach digital signature for any form, user will have 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 user you for 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.

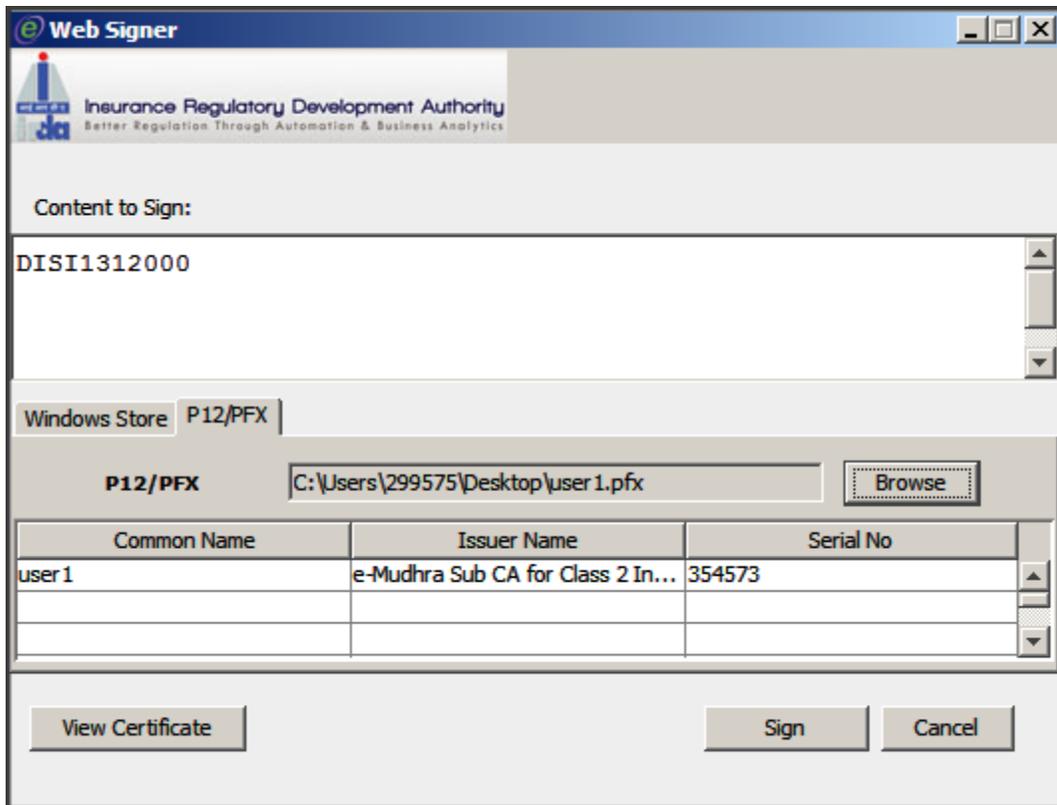


Figure 34: Web Signer dialog box displaying the uploaded signature

7. Select the signature that user wants to register and click **Sign**. Now, whenever user wants to attach the digital signature for any form, user will have to click the **Attach Digital Signature** button and then select the desired sign.

 For importing the digital signature on the browser, system must have the following installed:

- Java Runtime Environment 1.6 and above
- Internet Explorer 7 and above

Creating Sub IDs

As a Corporate Broker, user you can create 3 sub login IDs on the BAP Portal, using the Master ID. Two of the created sub IDs are for 2 authorized signatories who can 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	Select the designation for which sub ID is to be created
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 the User ID details, notifying that the registration is successful.

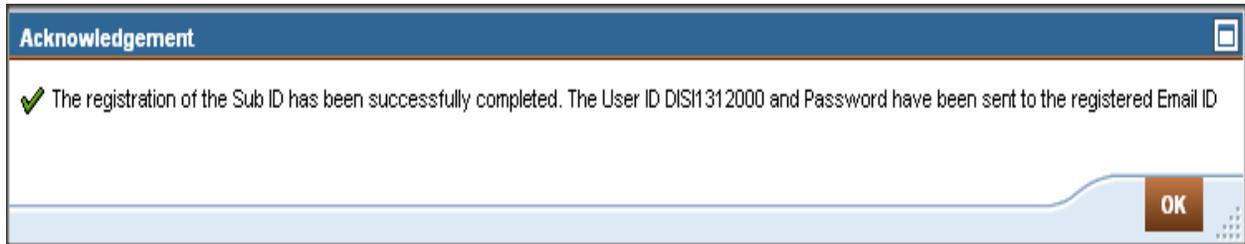


Figure 36: Sub ID Creation Confirmation Screen

4. Click **OK**.
5. Click **Cancel** will take 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.

 *User is allowed to create only 3 sub ids. Please delete all existing sub ids which are not required anymore so as to create new sub IDs.*

Updating a Sub ID

User can update the details of the sub IDs created as well.

Updating a Sub ID



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

The screenshot shows a web application interface with three tabs: 'User Profile', 'Create Sub ID', and 'Update/Delete Sub ID'. The 'Update/Delete Sub ID' tab is active, displaying a table with three rows of user data. Below the table are three buttons: 'Update', 'Delete', and 'Cancel'. At the bottom, there is an information icon and a message: 'Please select a user id to update or delete'.

User ID	User Name	Designation
DISI1312000	Digvijay Singh	Director
NECH1212000	Neha Chandargi	Director
JAH1112000	Jaylaxmi H	Employee

Update **Delete** **Cancel**

i Please select a user id to update or delete

Figure 37: Update/Delete Sub ID Screen

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

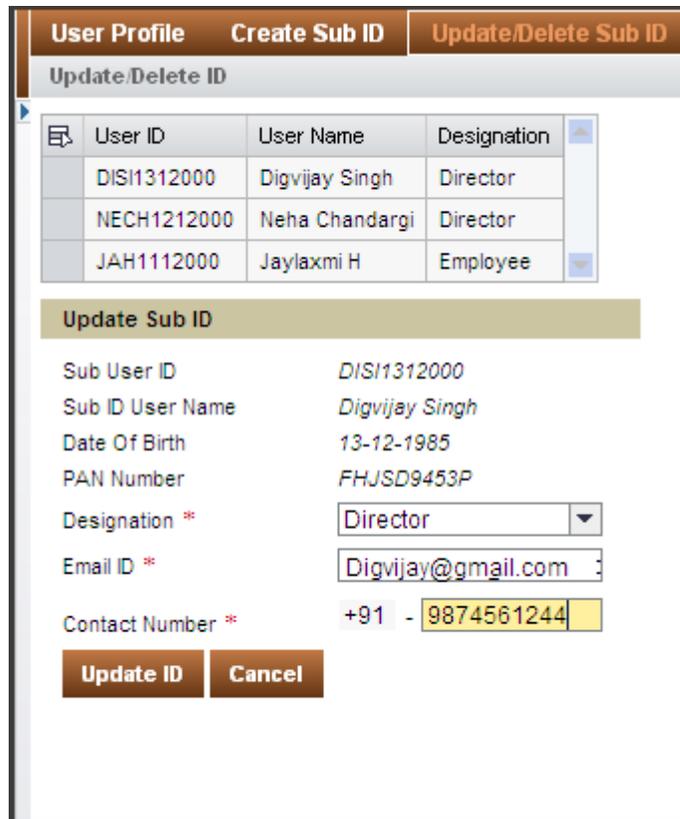


Figure 38: Update Sub ID Screen

3. User 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.

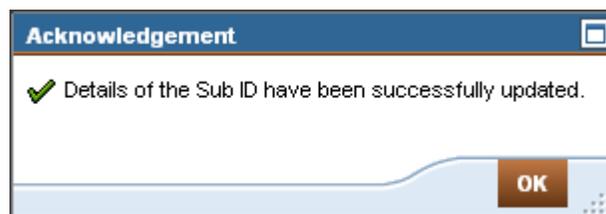


Figure 39: Successful Updation Acknowledgement Dialog Box

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

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

To Delete Sub ID:



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

User ID	User Name	Designation
DISI1312000	Digvijay Singh	Director
NECH1212000	Neha Chandargi	Director
JAH1112000	Jaylaxmi H	Employee

Update Delete Cancel

Please select a user id to update or delete

Figure 40: Update/Delete Sub ID Screen

2. Select the Sub ID which is to be deleted and click on **Delete**. A Confirmation dialog box is displayed.

User ID	User Name	Designation
DISI1312000	Digvijay Singh	Director
NECH1212000	Neha Chandargi	Director
JAWI0412000	Jason Williams	Employee

Update Delete Cancel

Please select a user id to update or delete

Figure 41: Delete Sub ID Screen

3. A **confirmation Message** will be displayed, with **Yes** and **No** button.

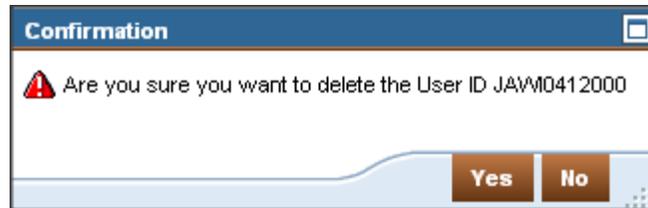


Figure 42: Message Pre-Deletion

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

Broker Licensing

If user wants to become a corporate Broker, then user needs to register his Company in the portal. During the new license application process, user has to enter details of the broker employed in the Company, the directors of the firm, upload the necessary documents and pay the required fee. After IRDAI approves your request, it issues user a separate license. User is also required to renew the license periodically. As per IRDAI regulations, corporate brokers are required to renew their license every three years. User can also apply for changes in the license details.

Broker can apply for license in any one of the following categories:

1. Direct Life
2. Direct Non-Life
3. Direct (Life & Non-Life)
4. Composite (Non-Life)
5. Composite (Both)
6. Reinsurance Broker

As per IRDA regulations, brokers are required to **renew their licence every three years**.

Licensing comprises of the following sections:

1. [New License](#)
2. [Renew License](#)
3. [Duplicate License](#)
4. [Changes during Licensing Period](#)
5. [Changes in Licensing Category](#)
6. [Pay Annual Fees](#)

New License

In order to obtain a new corporate broker license, user has to fill and submit an application form to IRDAI along with the scanned copies of the supporting documents. The employee can only save the form in draft mode and cannot submit the form. Submissions can only be done by authorized signatories of the firm.

When one of the authorized signatories submit the form, it must be signed by other authorized signatory also before it goes to IRDAI for approval. IRDAI reviews and validates the application and then approves, rejects or closes it.

To apply for a New License:



1. Click '**Broker**'
2. Click **New Licensing**.
3. User will get a **confirmation box** saying "Please confirm that you have gone through all information regarding broker regulations on IRDA site (www.irdabap.gov.in)".



Figure 43: User Confirmation Screen

4. If user clicks "**Yes**", user will get **Applicant Details screen**.
5. If user clicks **No**, a message box is displayed stating that user needs to go through the broker regulations before proceeding to the licensing process.

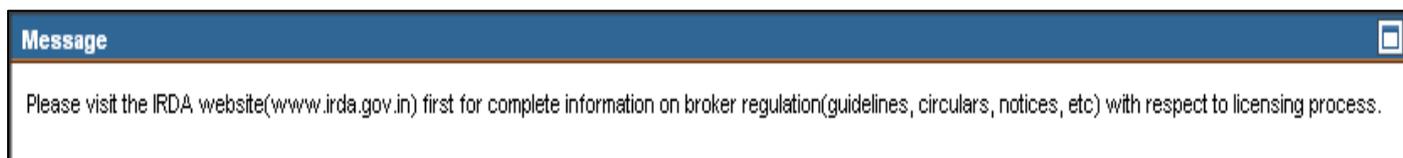


Figure 44: Confirmation Message box

The screenshot displays a multi-step application process. At the top, a progress bar shows steps 1 through 8: Applicant Details, Organization Structure, Business Information, Financial Information, Other Information, Upload Documents, Declaration, and Undertaking. Step 1 is currently active.

Navigation buttons include 'Back' and 'Next'. Action buttons include 'Submit', 'Cancel', 'Save As Draft', 'View Submitted Form', 'Print', and 'Clear'.

Important Instructions:
 Insurance Regulatory And Development Authority (Insurance Brokers) Regulations, 2002
 APPLICATION FOR GRANT OF LICENSE/RENEWAL OF LICENSE
 Please Print or Type Characters Only in Capital Letters.

Note:
 1. It is important that before this application form is filed in, the regulations made by the Authority are studied carefully.
 2. Applicants must submit a duly completed application form together with all appropriate, supporting documents to the Authority.
 3. Application for license will be considered only if it is completely in all respects.
 4. Applicants should sign the applications themselves.
 5. Information which needs to be supplied in more details may be given on separate sheets which should be attached to the application form.
 6. If the applicant is not proprietary concern, firm or a company, the information called for in this Form shall be supplied by adapting the requirements suitably.

Form Fields:
 Name of Applicant: Soffetch Insurance
 Insurance Broker: Direct (Life & Non-Life)
Permanent Address:
 Address Line 1: Ganesh Block, block r
 City: CHENNAI
 Country: India
 Address Line 2: Opposite White House
 District: CHENNAI
 Pin Code: 600,036
 Address Line 3: Chennai
 State: TAMIL NADU
Correspondence Address:
 Address Line 1: [Empty]
 City: [Empty]
 Country: [Empty]
 Address Line 2: [Empty]
 District: [Empty]
 Pin Code: [Empty]
 Address Line 3: [Empty]
 State: [Empty]
Communication Details:
 Mobile No: +91-9874561230
 Phone No.: [Empty]
 Email-Id: Digvijay@gmail.com
 Fax No.: [Empty]
 Email-Id(Optional): [Empty]

Figure 45: New License Application Screen

6. The **Broker New Licensing form** will open on screen. Please note that all fields marked with asterisks (*) on the screen are compulsory.

The **New License application** consists of the following sections:

- [Applicant Details](#)
- [Organization Structure](#)
- [Business Information](#)
- [Financial Information](#)
- [Other Information, if any](#)
- [Upload Documents](#)
- [Declaration](#)
- [Undertaking](#)
- [Print View](#)

The buttons available in the New License application are explained below:

Button	Description
Attach Digital Signature	Click to attach digital signature to the license application
Submit	After the declaration check box is selected, click Submit to submit the application. <i>(Submit gets enabled only after the attachment of Digital Signature by both the directors)</i>
Cancel	Click to return to the home page. This action will also clear all the information entered without saving it.
Save as Draft	Click to save all the data entered in the form. User You can use this option if they want to submit the form at a later time.
View Submitted Form	Click to view the submitted New License Application in read only mode.
Print	Click to print the submitted New License Application
Clear	Click to clear the data entered.
Previous	Click to go to previous section.
Next	Click to go to the next section.



The digital signature of the both the authorized signatures of the firm are required for the successful submission of the form

Applicant Details

The Applicant Details screen displays **address details** and **communication details** of the organization.

To view Applicant Details screen



1. Click **Broker** tab.
2. Click **New Licensing** tab.
3. User will get a **confirmation box** saying "Please confirm that you have gone through all information regarding broker regulations on IRDA site (www.irda.gov.in)".
4. If user you click "**Yes**", **Applicant Details** screen will appear.

1 Applicant Details 2 Organization Structure 3 Business Information 4 Financial Information 5 Other Information 6 Upload Documents 7 Declaration 8 Undertaking

Back Next

Submit Cancel Save As Draft View Submitted Form Print Clear

Important Instructions:
Insurance Regulatory And Development Authority (Insurance Brokers) Regulations, 2002
APPLICATION FOR GRANT OF LICENSE/RENEWAL OF LICENSE

Please Print or Type Characters Only in Capital Letters

Note:

1. It is important that before this application form is filed in, the regulations made by the Authority are studied carefully.
2. Applicants must submit a duly completed application form together with all appropriate, supporting documents to the Authority.
3. Application for license will be considered only if it is completely in all respects.
4. Applicants should sign the applications themselves.
5. Information which needs to be supplied in more details may be given on separate sheets which should be attached to the application form.
6. If the applicant is not proprietary concern, firm or a company, the information called for in this Form shall be supplied by adapting the requirements suitably.

Name of Applicant: Softech Insurance Insurance Broker: Direct (Life & Non-Life)

Permanent Address

Address Line 1	Ganesh Block, block r	Address Line 2	Opposite White House	Address Line 3	Chennai
City	CHENNAI	District	CHENNAI	State	TAMIL NADU
Country	India	Pin Code	600,036		

Correspondence Address

Address Line 1		Address Line 2		Address Line 3	
City		District		State	
Country		Pin Code			

Communication Details

Mobile No	+91-9874561230	Phone No.		Fax No.	
Email-id	Digvijay@gmail.com	Email-Id (Optional)			

Submit Cancel Save As Draft View Submitted Form Print Clear

Figure 46: Applicant Details Screen

5. If user clicks “No”, a new window is opened which navigates user you to the IRDAI website where user can view the broker regulations.
6. **Applicant Details** screen will allow the user to select **Broker Category**.
7. Select appropriate broker category in the '**Insurance Broker**' field.

 Other than 'Insurance Broker' all other fields on the Applicant Details screen are read only.

[Back](#) (Changes in License Category)

Organization Structure

In **Organizational structure**, user has ~~you need~~ to mention details regarding **shareholders, directors, partners, proprietors, bankers, auditors** and activities associated with the company.

To view Organizational Structure screen:



On the **Applicant Details** screen, click “**Next**”. The **Organization Structure** screen is displayed. All mandatory fields on the form are marked with an asterisk (*).

1 Applicant Details 2 Organization Structure 3 Business Information 4 Financial Information 5 Other Information 6 Upload Documents 7 Declaration 8 Undertaking 9 Print

Back Next

Submit Cancel Save As Draft View Submitted Form Print Clear

Organization Structure

Status of applicant * Stock Exchange(Optional) Label Share Price (Optional)

Date & Place of incorporation

Date Place *

Scope of business as described in the Memorandum of Association *

Shareholder Details *

List of All shareholders (holding 5% and above of applicant directly or along with associates,applicable only to limited companies)
Shareholding as on date: *

Name Of Shareholder	Number Of Shares	Percentage of total paid up capital of the company	Foreign Holding
dINESH g	5	2.55	No

Particulars of Directors/Partners/ Proprietors *

Name	Qualification	Experience in Insurance Broking	Share in applicant firm/Company	Directorship in other companies	A
Kiran Mijundar	BA	5	3.5	none	
Deepesh Khanna	BSc	4	3.0	none	

Name of activities carried out by the associated company/concerns *

Name of the company or the firm	Address	Type of activity handled	Nature and interest of applicant company	A
Cosmos Insurance Private Ltd	Ganetha street, Chalkopar, Mumbai	Insurance broking	Insurance Related	

Whether any one or more persons of the associate companies/ concerns are interested in the applicant's business. Yes No

Name and Address of the Principal bankers of the applicant *

Name Of the Banker	Address Line 1	Address Line 2	Address Line 3	Country	State	District	City	Pincode
State Bank of India	SEZ-DLF	Mount poomamali	Chennai	India	TAMIL NADU	CHENNAI	CHENNAI	600014

Name and Address of the Statutory Auditor of the applicant *

Name of the Statutory Auditor	Address Line 1	Address Line 2	Address Line 3	Country	State	District	City	Pincode
Felix George	Block no.12, Street...	Porur	Chennai	India	TAMIL NADU	CHENNAI	CHENNAI	600035

Submit Cancel Save As Draft View Submitted Form Print Clear

Figure 47: Organization Structure Screen

The fields in **Organizational Structure screen** are described in the following table.

Field	Description
Organization Structure	
Status of applicant	Select one of the following status that is applicable: <ul style="list-style-type: none"> • Individual/ Sole Proprietor • Partnership • Company • Co. operative society • Others
Stock exchange	Enter the name of stock exchange with which the company is listed. If not, mention "Not Applicable".
Latest share price	Enter latest share price of the company here.
Date and Place of Incorporation	
Date	Enter date of incorporation here.
Place	Enter place of incorporation here.
Scope of Business as described in Memorandum of Association	Enter scope of business as described in Memorandum of Association. Details entered should be exactly same as provided to IRDAI.
Shareholder Details	
Shareholding as on date	Enter date on which we are recording shareholding details
Name of the shareholder	Enter name of the shareholder.
Number of shares	Against each shareholder, mention the number of shares.
Percentage of total paid up capital of the company	Enter percentage of total paid up capital of the company.
Foreign holding	Select 'Yes' if shareholder has a foreign holding. Otherwise, 'No'.
Particulars of Directors/ Partners/ Proprietors	
Name	Enter name of the directors/ partners/ proprietors.
Qualification	Enter qualifications of directors/ partners/ proprietors.
Experience in insurance	Enter experience in insurance broking of directors/

broking	partners/ proprietors.
Share in applicant firm/company	Enter share in applicant firm/company of directors/ partners/ proprietors.
Directorship in other companies	Enter number of companies that the Directors/ Partners/ Proprietors holds directorship
Name of activities carried out by the associated company/concerns	
Name of the company or the firm	Enter name of the associated company.
Address	Enter address of the associated company.
Type of activity handled	Enter type of activity handled by the associated company.
Nature and interest of applicant company	Enter nature and interest of the applicant company.
Whether any one or more persons of the associate Companies/ concerns are interested in the applicant's business.	If one or more persons of the associate Company / concerns are interested in the applicant's business, then select 'Yes' else select 'No'
Name and Address of the Principal bankers of the applicant	
Name of the Banker	Enter name of the principal banker.
Address Line 1	Enter first line of the principal banker's address.
Address Line 2	Enter second line of the principal banker's address.
Address Line 3	Enter third line of the principal banker's address.
Country	<i>This field displays the country. By default, India is displayed.</i>
State	Enter state of the principal banker
District	Enter district of the principal banker
City	Enter city of the principal banker
Pin code	Enter pin code of the principal banker
Name and Address of the Statutory Auditor of the applicant	
Name of the Statutory Auditor	Enter name of Statutory Auditor

Address Line 1	Enter first line of the Statutory Auditor's address
Address Line 2	Enter second line address of the Statutory Auditor's address
Address Line 3	Enter third line of the Statutory Auditor's address
Country	<i>India is displayed by default</i>
State	Select state from the drop-down list.
District	Select district from the drop-down list. List of districts will come on the basis of state selected.
City	Select city from the drop-down list. List of cities will come on the basis of district selected.
Pin code	Enter pin code of the Statutory Auditor

[Back](#) (Changes in License Category)

Business Information

In **Business Information**, user needs to mention details regarding **key management personnel, infrastructure, manpower** and **experience** in the relevant industry etc.

To view Business Information screen:



On the **Organization Structure** screen, click **Next**. The **Business Information** screen is displayed. All mandatory fields on the form are marked with an asterisk (*)

Figure 48: Business Information Screen

The fields in **Business Information** screen are described in the following table.

Field	Description
Particulars of key management personnel	
Name	Enter name of the management personnel.

Field	Description
Qualification	Enter educational qualification of the management personnel.
Experience with particular reference to Insurance Broking	Enter number of years of experience as insurance broker of the management personnel
Date of appointment	Enter date of appointment of management personnel to the current job.
Functional areas	Enter functional areas relevant to the management personnel.
Details of infrastructure like office space, equipment and manpower available with the applicant	Enter details of infrastructure like office space, equipment and manpower available with the applicant
Details of experience in insurance broking/insurance consulting/risk management and other services	Enter details of experience in insurance broking/insurance consulting/risk management and other services
Any other information considered relevant to the nature of services rendered by the applicant	Enter any other information considered relevant to the nature of services rendered by the applicant

[Back](#) (Changes in License Category)

Financial Information

In **Financial Information**, you need to mention details such as **capital structure, deployment of resources, and major source of income, income and profit before tax, dividends, etc.**

To view Financial Information screen:



On the **Business Information** screen, click **Next**. The **Financial Information** screen is displayed. All mandatory fields on the form are marked with an asterisk (*)

Figure 49: Financial Information Screen

The fields in **Financial Information** screen are described in the following table.

Field	Description
Capital Structure	
Capital Structure	Lists different capitals under the capital structure of the

Field	Description
	company. This includes: Authorized Capital, Issue Capital, Paid-up Capital, Free reserves, and Paid up + free reserves.
Year prior to preceding year	Field is disabled by default for New License only
Preceding year	Field is disabled by default for New License only
Current year	Enter the capital amount in the current year
Deployment of resources	
Particulars	Lists the different financial resources available with the organization
Year prior to preceding year	Field is disabled by default for New License only
Preceding year	Field is disabled by default for New License only
Current year	Enter the financial value of the respective resource in the current year
Major source of income	
Particulars	Lists down the possible income streams of the applicant
Year prior to preceding year	Field is disabled by default for New License only
Preceding year	Field is disabled by default for New License only
Re numeration received as percentage of premium	Enter Re numeration received as percentage of premium
Income and Profit before tax	
Particulars Income	Enter values such as category of income/ expenses or profit before taxes
Year prior to preceding year	Field is disabled by default for New License only
Preceding year	Field is disabled by default for New License only
Current year	Enter income from the respective income stream for the current year.
Dividends	

Field	Description
Particulars	Lists the dividends in terms of amount and percentage
Year prior to preceding year	Field is disabled by default for New License only
Preceding year	Field is disabled by default for New License only
Current year	Enter the dividends amount for the current year.

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Other Information

In **Other Information**, you need to mention details such as **Details of all settled and pending disputes** and **economic offences** if any.

To view Other Information screens:



On the **Financial Information** screen, click **Next**. The **Other Information** screen is displayed. All mandatory fields on the form are marked with an asterisk (*)

Figure 50: Other Information Screen

The fields in **Other Information** screen are described in the following table.

Field	Description
Details of all settled and pending disputes	
Nature of dispute	Enter the nature of dispute
Name of the party	Enter the name of the party with whom the applicant is in dispute with

Field	Description
Pending/settled	Select either pending or settled
Details, if any of any economic offences by the applicant/ proprietor or any of the Partners/ Directors, or key managerial Personnel in the last three years	Enter Details, if any of any economic offences by the applicant/ proprietor or any of the Partners/ Directors, or key managerial Personnel in the last three year

[Back](#) (Changes in License Category)

Upload Documents

In **Upload Documents**, you need to upload the necessary documents for the successful submission of the **New License application**

View Upload Documents screen:



On the **Other Information** screen, click **Next**. The **Upload Documents** screen is displayed. All mandatory fields on the form are marked with an asterisk (*).

Figure 51: Upload Documents Screen

To Upload Documents:



1. Under Documents required, click **Browse** to search for the corresponding Document.
2. Click **Upload File** to **upload** the corresponding document. The **name** of the uploaded document appears beside the **Upload File** button.

[Back](#) (Changes in License Category)

Declaration

Declaration section has 2 parts namely **Fee Payment** and **Declaration**.

The **Fee Payment** part will specify the amount of fees to be paid by the Broker to obtain this license.

The **Declarations** part will specify important points that the user is expected to read and agree to before proceeding.

Figure 52: Declaration Screen

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Undertaking

In this section, you need to provide information such as if any person related to the applicant has been denied license in the past. If **yes** then specify the relationship with the applicant.

Other information such as list of employees who will be responsible for soliciting and procuring Insurance business and details of the fixed deposit for renewal of license will also be mentioned here.

To View Under taking screen:



On the **Declaration** screen, click **Next**. The **Undertaking** screen is displayed. All mandatory fields on the form are marked with an asterisk (*)

Figure 53: Undertaking Screen

The fields in undertaking screen are described in the following table.

Field	Description
Whether any person related to applicant has been refused for the License in the Past or Not.	Select either 'Yes' or 'No'
Person Related to applicant	
Name of the person	Enter name of the person related (If a person related to the applicant has been denied license in the past)
Relationship with the applicant	Enter relationship with the applicant (If a person related to the applicant has been denied license in the past)
Qualification and Experience details of the Principal Officer of the applicant	
Name	Enter name of the principal officer of the applicant
Address	Enter address of the principal officer of the applicant
Qualification	Enter qualification of the principal officer of the applicant
Prior Experience	Enter years of prior experience of the principal officer of the applicant
Previous Employment	Enter previous employment of the principal officer of the applicant
Employment Details	Enter employment details the principal officer of the applicant
List of employees who will be responsible for soliciting and procuring insurance business	
Name	Enter name of the employee who will be responsible for soliciting and procuring insurance business
Address	Enter address of the employee who will be responsible for soliciting and procuring insurance business
Designation	Enter designation of the employee who will be responsible for soliciting and procuring insurance business

Field	Description
Qualification	Enter qualification of the employee who will be responsible for soliciting and procuring insurance business
Details of Responsibilities	Enter responsibilities of the employee who will be responsible for soliciting and procuring insurance business
Details of the fixed deposit for renewal of license	
Name of the Bank	Enter name of the bank in which the applicant has a fixed deposit
F. D Number	Enter fixed deposit number
Address	Enter address of the bank in which the applicant has a fixed deposit
Amount held in deposit	Enter amount held in the fixed deposit
Percentage to Initial Capital	Enter Percentage to Initial Capital
Maturity Date	Enter maturity date of the fixed deposit

[Back](#) (Changes in License Category)

Print View

In **Print View**, validate and confirm the information submitted by you in the application, in order to proceed with the submission.

To view Print View screen:



On the **Undertaking** screen, click **Next**. The **Print View** screen is displayed. All mandatory fields on the form are marked with an asterisk (*)

7
Print View

Back
Attach Digital Signature
Submit
Cancel
Save As Draft
View Submitted Form
Print
Clear

SCHEDULE
Insurance Regulatory and Development Authority(Insurance Broker)regulations,2002
FORM - IRDA -21 - AF
[See Regulation 6 and 13]
APPLICATION FOR GRANT OF LICENSE

Name of Applicant: afro asian

Insurance Broker: Composite(both)

Present Address Details

Address Line 1: 220Platinum Techno Park, 2nd Floor, Sector 30-A, Plot No.17-18, Near	Address Line 2: Raghuleela Mall, Vashi Navi Mumbai 400 705	Address Line 3:
Pin Code: 400 075	City: MUMBAI	District: MUMBAI
State: MAHARASHTRA	Country: India	

Correspondence Address

Address Line 1:	Address Line 2:	Address Line 3:
Pin Code:	City:	District:
State:	Country:	

Correspondence Address								
Address Line 1:	Address Line 2:	Address Line 3:						
Pin Code:	City:	District:						
State:	Country:							
Communication Details								
Phone No.:	Fax No.:	Mobile No.:	+91-9916552652					
Email-id: Digvijay@gmail.com	Alternate Email-id:							
Organization Structure								
Status of applicant: Company	Stock Exchange(Optional):	Latest Share Price (Optional):						
Date of incorporation: 04.12.2012	Place of incorporation: Mumbai							
Shareholder Details								
List of All shareholders (holding 5% and above of applicant directly or along with associates-applicable only to limited companies)								
Shareholding as on date: 23.01.2013								
Name Of Shareholder	Number Of Shares	Percentage of total paid up capital of the company	Foreign Holding					
afroasian insurance servi	8,500,000	13	Yes					
Particulars of Directors/Partners/ Proprietors								
Name	Qualification	Experience in Insurance Broking	Share in applicant firm /company	Directorship in other companies				
Udal R Patel	Associate of the Insurance Institute of India, Mumbai	23	4	afroasian insurance services ltd, U.K.				
Dip shukla	Associate of the Insurance Institute of India, Mumbai	40	0.1	nil				
Name of activities carried out by the associated company/concerns								
Name of the company or the firm	Address	Type of activity handled	Nature and interest of applicant company					
afroasian insurance services ltd	London U.K.	Reinsurance Brokers at 1/bids	insurance & reinsurance broking					
Whether any one or more persons of the associate companies/ concerns are interested in the applicants business. <input type="radio"/> Yes <input checked="" type="radio"/> No								
Name and Address of the Principal bankers of the applicant								
Name Of the Banker	Address Line 1	Address Line 2	Address Line 3	Pincode	City	District	State	Country
HDFC	Nariman Point, Mumbai	Churghata, Mumbai		400021	MUMBAI	MUMBAI	MAHARASHTRA	India
Name and Address of the Statutory Auditor of the applicant								
Name of the Statutory Auditor	Address Line 1	Address Line 2	Address Line 3	Pincode	City	District	State	Country
Arvind H. Shah & co.	New Marolies			400026	MUMBAI	MUMBAI	MAHARASHTRA	India
Projected volume of activities and income (including anticipated) for which licence sought is to be specifically given.								
Particulars of key management personnel								
Name	Qualification	Experience with particular reference to Insurance Broking	Date of appointment	Functional Area				
Dip Shukla	B.com., AFR	9	01.04.2004	Principal Officer				
Details of infrastructure like office space, equipment and manpower available with the applicant				leased office 200sq. ft. 10 personnel.				
Any other information considered relevant to the nature of services rendered by the applicant.				no.				
Capital Structure								
Capital Structure	Year prior to preceding year	Preceding year	Current year					
1)Authorized Capital			75,000,000					
2)Reser Capital			50,000,000					
3)Paid up Capital			25,000,000					
4)Free reserves(excluding revaluation reserves)			1,000,000					
5)paid up + free reserves)	0	0	26,000,000					
Dividends								

Particulars	Year prior to the preceding year	Current Year	Preceding year
1)Amount		0	
2)Percentage		0	

Details of all settled and pending disputes

Nature of Dispute	Name of the party	Pending / settled
nil	n/a	Settled

Deployment of Resources

Particulars	Year prior to preceding year	Preceding year	Current Year
1)Fixed Assets			0
2)Plant & Machinery			0
3)Office Equipment			1,000,000
4)Quoted Investments			0
5)Unquoted Investments			0
6)Details of Liquid Assets			200,000
7)Others			0

Income and Profit before tax

Particulars Income	Year prior to the preceding year	Preceding Year	Current Year
0			0

Major Source of Income

Particulars	Year prior to the preceding year	Preceding Year	Remuneration received as percentage of premium
1)Advisory fees			0
2)Insurance Consultancy			0
3)Investment Income			0
4)Others			0

Details of Investments, Loans & Advances made to Associate Companies/Firms where Promoters/Directors have an interest is to be separately given

Details, if any of any economic offences by the applicant/ proprietor or any of the Partners/ Directors, or key managerial Personnel in the last three years. nil

Whether any person related to applicant has been refused for the License in the Past or Not.
 Yes No

Qualification and Experience details of the Principal Officer of the applicant

Name	Address	Qualification	Prior Experience	Previous Employment	Employment Details
Gayatri devi	Mumbai	Associate of the Insurance Institute of India, Mumbai	5 years	Insurance Company	INS Broker

List of employees who will be responsible for soliciting and procuring insurance business

Name	Address	Designation	Qualification	Details of the Responsibilities
Digvijay Singh	Mumbai	Employee	Associate of the Insurance Institute of India, Mumbai	INS Broker

Details of the fixed deposit for renewal of license

Name Of the Bank	Address	F.D.Number	Amount Held in Deposit	Percentage to Initial Capital	Maturity Date
State Bank of India	Mumbai	12457541254	50,000,000	100,000	31.01.2013

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

Figure 54: Print View Screen

To submit New License Application:



1. On the **Print view** screen, select the **Declaration** check box.
2. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details.
3. Click **Submit**. The **User Confirmation Message** dialog box is displayed.

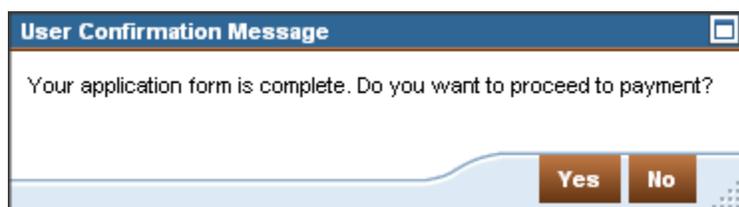


Figure 55: User Confirmation Message for Payment

4. Click **yes** to proceed to payment. The **Make Payment** screen is displayed



Figure 56: Make Payment screen

5. 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 57: 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, you need to make payment to IRDA through NEFT/RTGS and then enter the payment details in this payment type.

Figure 58: 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.

Field	Description
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.

6. Enter the necessary details for the selected payment type and click **Submit**. **Transaction ID** is generated; Click **OK** to complete payment process.

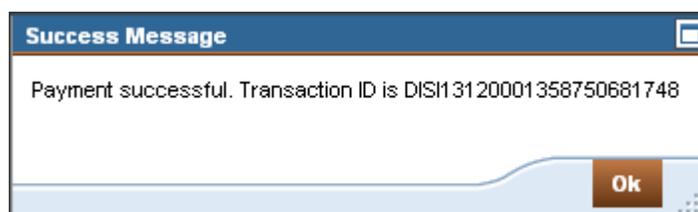


Figure 59: Form Submitted Successfully Notification

7. On **OK**, an **Acknowledgement** dialog box is displayed containing the **Unique Reference Number (URN)**.

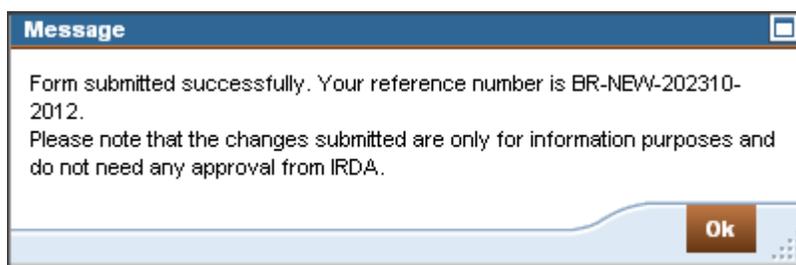


Figure 60: Form Submitted Successfully Notification

8. Click **OK**.

This completes the New License application process. After you successfully submit the form, it is sent to IRDA. The action taken by IRDA on the form is conveyed to you in the form of E mail notifications.

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Renewal License

Each Insurance Broker license has a validity period after which the license expires if it is not renewed. As per IRDA regulations, you need to renew your Insurance Broker license every three years. IRDA sends you a remainder emails 3 months before the license expiration. These reminders are sent at interval of 1 month each informing you to renew your license before expiry. You are also required to pay the required renewal license fee. There are certain prerequisite and conditions that you need to remember while renewing your license.

In order to obtain a Renewal license, you need to fill and submit an application form to IRDA along with the scanned copies of the supporting documents. The Data entry operator can only save the form in the draft mode and cannot submit the form. Submissions can only be done by the directors of the firm.

When one of the directors submits the form, it must be signed by the other director also before it goes to IRDA for approval. IRDA then reviews and validates the application and then approves rejects or closes it.

Prerequisite for License Renewal

- You can renew your license 90 days before the date of expiration. If you apply for renewal three months before the license expiry date, a warning message is displayed.

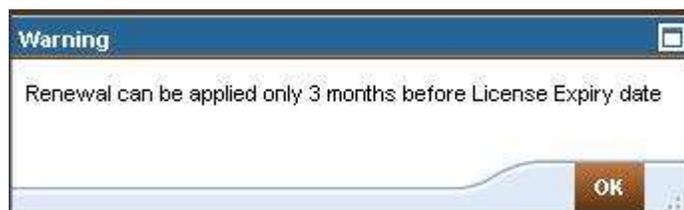


Figure 61: Renewal warning message when attempting to renew 3 months before from the date of expiry

- You cannot renew the application, 3 Years before the License Expiration Date. If you apply for renewal, a warning message is displayed.



Figure 62: Renewal warning message when attempting to renew 3 Years before from the date of expiry

Conditions for Late Renewal

Condition	Description
Renew License application submitted one month or more before License expiry date	Renewal fee of Rs 1000
Renew License application submitted within less than thirty days before License expiry date	Renewal fee of Rs 1000 and late Fee of Rs 100
Renew License application submitted after License Expiry date	Renewal Fee of Rs 1000 and Late Fee of Rs 750

To apply for license renewal:



1. Click **Broker** tab.
2. Click **Renew License** link. The **License Renewal** screen is displayed.



Figure 63: Renew License Screen

3. The **License Renewal** form comprises of the following sections:
 - [Applicant Details](#)
 - [Organization Structure](#)
 - [Business Information](#)
 - [Financial Information](#)
 - [Other Information](#)
 - [Upload Documents](#)
 - [Declaration](#)
 - [Undertaking](#)
 - [Print View](#)
4. The buttons available in the **License Renewal** form are explained in the following table.

Button	Description
Attach Digital Signature	Click to attach digital signature to the license application.
Submit	Click to submit the application form once you have selected the declaration check box. <i>(Submit button will be enabled only after attachment of digital signature by both the directors).</i>
Cancel	Click to return to the home page. This action will also clear all the information entered without saving it.
View Submitted Form	Click to view the submitted form in read-only mode.
Print	Click to print the License Renewal form.

Clear	Click to clear the information entered.
Back	Click to go to previous section.
Next	Click to go to next section.



If you renew your license after it has expired, then, a warning message is displayed notifying that your license has expired and it also displays the amount of the late and renewal fee that you need to pay.

Applicant Details

The **Applicant Details** screen displays **address details** and **communication details** of the organization.

To view Applicant Details screen



1. Click **Broker** tab.
2. Click **Renewal Licensing** tab.
3. You will get a **confirmation box** saying "Please confirm that you have gone through all information regarding broker regulations on IRDA site (www.irdabap.gov.in)".
4. If you click "**Yes**", you will get **Applicant Details** screen.

1 Applicant Details 2 Organization Structure 3 Business Information 4 Financial Information 5 Other Information 6 Upload Documents 7 Declaration 8 Undertaking

4 Back Next

Submit Cancel Save As Draft View Submitted Form Print Clear

Important Instructions:
Insurance Regulatory And Development Authority (Insurance Brokers) Regulations, 2002
APPLICATION FOR GRANT OF LICENSE/RENEWAL OF LICENSE

Please Print or Type Characters Only in Capital Letters

Note:
1. It is important that before this application form is filed in, the regulations made by the Authority are studied carefully.
2. Applicants must submit a duly completed application form together with all appropriate, supporting documents to the Authority.
3. Application for license will be considered only if it is completely in all respects.
4. Applicants should sign the applications themselves.
5. Information which needs to be supplied in more details may be given on separate sheets which should be attached to the application form.
6. If the applicant is not proprietary concern, firm or a company, the information called for in this Form shall be supplied by adapting the requirements suitably.
7. Maximum file upload size should be 3MB

Name of Applicant: Softelch Insurance Insurance Broker: Direct (Life & Non-Life)

Current License Details

License Number:	IRDASR-10076/2012	License Issue Date:	12.12.2012	License Category:	Direct (Life & Non-Life)
-----------------	-------------------	---------------------	------------	-------------------	--------------------------

Permanent Address

Address Line 1:	Ganesh Block, block/r	Address Line 2:		Address Line 3:	
City:	CHENNAI	District:	CHENNAI	State:	TAMIL NADU
Country:	India	Pin Code:	654321		

Correspondence Address

Address Line 1:		Address Line 2:		Address Line 3:	
City:		District:		State:	
Country:		Pin Code:			

Communication Details

Phone No.:		Fax No.:		Mobile No.:	+91-9874561230
Email Id:	Digvijay@gmail.com	Email Id (Optional):			

Submit Cancel Save As Draft View Submitted Form Print Clear

Figure 64: Applicant Details Screen

5. If you click “No”, a new window is opened which navigates you to the IRDA website where you can view the Broker regulations.
6. All fields are pre-populated in this section. Hence, you can click “Next” to go to next screen.

Organization Structure

In **Organizational structure**, you need to mention details regarding **shareholders, directors, partners, proprietors, bankers, auditors** and activities associated with the company.

To view **Organizational Structure** screen:



On the **Applicant Details** screen, click “**Next**”. The **Organization Structure** screen is displayed. All mandatory fields on the form are marked with an asterisk (*).

Organization Structure

Status of applicant, Company: _____ Stock Exchange (Optional): _____ Latest Share Price (Optional): _____

Date & Place of incorporation

Date: 12/12/2012 Place: Chennai

Scope of business as described in the Memorandum of Association: Insurance Broking

Shareholder Details *

List of All shareholders (holding 5% and above of applicant directly or along with associates-applicable only to limited companies)
 Date holding as on date: 12/12/2012

Name Of Shareholder	Number Of Shares	Percentage of total paid up costs of the company	Foreign holding
Breen B	5	10	No

Particulars of Directors/Partners/ Proprietors *

Name	Qualification	Experience in lieu since B-king	Share in applicant firm/company	Directorship in other companies
Jayaram D	BA	8	4%	None
Felix George	BBU	5	3%	None

Name of activities carried out by the associated company(ies) *

Name of the company or the firm	Address	Type of activity carried out	Nature and extent of applicant company
Albano Insurance Pvt	Street-12, Chokkiper, Numbur	Insurance Broking	Insurance Related

Whether any one or more partners of the associate company(ies) contains are interested in the applicant's business: Yes No

Name and Address of the Principal bankers of the applicant *

Name Of the Banker	Address Line 1	Address Line 2	Address Line 3	Country	State	District	City	Pincode
State Bank Of India	Street 13, SEZ-DLF,...	near DLF	Chennai	India	TAMIL NADU	CHENNAI	CHENNAI	600035

Name and Address of the Statutory Auditor of the applicant *

Name of the Statutory Auditor	Address Line 1	Address Line 2	Address Line 3	Country	State	District	City	Pincode
Dignity Manta	Block 23, Restaura...	Ponur	Chennai	India	TAMIL NADU	CHENNAI	CHENNAI	600036

Figure 65: Organization Structure Screen

The fields in **Organizational Structure** screen are described in the following table.

Field	Description
-------	-------------

Shareholder Details	
Name of the share holder	Enter name of the share holder here
Number of shares	Enter number of shares with the share holder
Percentage of total paid up capital of the company	Enter Percentage of total paid up capital of the company
Foreign holding	Select 'Yes' if the shareholder has a foreign holding and 'No' otherwise
Particulars of Directors/ Partners/ Proprietors	
Name	Enter name of the Directors/ Partners/ Proprietors
Qualification	Enter qualification of Directors/ Partners/ Proprietors
Experience in insurance broking	Enter Experience in insurance broking of Directors/ Partners/ Proprietors
Share in applicant firm/company	Enter Share in applicant firm/company of Directors/ Partners/ Proprietors
Directorship in other companies	Enter the number of companies that the Directors/ Partners/ Proprietors holds Directorship
Name of activities carried out by the associated company/concerns	
Name of the company or the firm	Enter name of the associated company
Address	Enter Address of the associated company
Type of activity handled	Enter type of activity handled by the associated company
Nature and interest of applicant company	Enter nature and interest of the applicant company
Whether any one or more persons of the associate Companies/ concerns are interested in the applicant's business.	If one or more persons of the associate companies/ concerns are interested in the applicant's business then select 'Yes' else select 'No'
Name and Address of the Principal bankers of the applicant	
Name of the Banker	Enter name of the principal banker

Address Line 1	Enter first line of the principal banker's address
Address Line 2	Enter second line of the principal banker's address
Address Line 3	Enter third line of the principal banker's address
Country	<i>India is displayed by default</i>
State	Enter state of the principal banker
District	Enter district of the principal banker
City	Enter city of the principal banker
Pin code	Enter pin code of the principal banker
Name and Address of the Statutory Auditor of the applicant	
Name of the Statutory Auditor	Enter name of Statutory Auditor
Address Line 1	Enter first line of the Statutory Auditor's address
Address Line 2	Enter second line of the Statutory Auditor's address
Address Line 3	Enter third line of the Statutory Auditor's address
Country	<i>India is displayed by default</i>
State	Enter state of the Statutory Auditor
District	Enter district of the Statutory Auditor
City	Enter city of the Statutory Auditor
Pin code	Enter pin code of the Statutory Auditor

Business Information

In **Business Information**, you need to mention details regarding **key management personnel, infrastructure, manpower, and experience** in the relevant industry etc.

To view **Business Information screen**:



On the **Organization Structure** screen, click **Next**. The **Business Information** screen is displayed. All mandatory fields on the form are marked with an asterisk (*)

Projected volume of activities and income (including anticipated) for which licence sought is to be specifically given:

Particulars of key management personnel *

Name	Qualification	Experience with particular reference to Insurance Broking	Date of appointment	Functional Areas

Details of infrastructure like office space, equipment and manpower available with the applicant:

Details of experience in insurance broking/ insurance consulting/risk management and other services:

Any other information considered relevant to the nature of services rendered by the applicant:

Business handled during the last three years with insurers and list of reinsurers *

Name	Amount	Percentage of total premium handed by the broker	Service Rendered
Digvijay Sinha	50000	5.1	Insurance related

Figure 66: Business Information Screen

The fields in **Business Information screen** are described in the following table.

Field	Description
Business handled during the last three years with Insurers and list of reinsurers	
Name	Enter name of the Insurer
Amount	Enter the Amount handled during the last three years
Percentage of total premium handled by the broker	Enter the percentage of total premium handled by the broker
Service Rendered	Enter the service rendered during the last three years

Financial Information

In **Financial Information**, you need to mention details such as **Capital structure, deployment of resources, major source of income, income and profit before tax, dividends** etc

To view Financial Information screen:



On the **Business Information** screen, click **Next** . The **Financial Information** screen is displayed. All mandatory fields on the form are marked with an asterisk (*).

1 Applicant Details
4 Organizational Structure
2 Business Information
3 Financial Information
5 Other Information
6 Upload Documents
7 Declaration
8 Undertaking

Back Next

Submit Cancel Save As Draft View Submitted Form Print Clear

Rs. In Lakhs

Capital Structure *

Capital Structure	Year prior to preceding year	Preceding year	Current year
1)Authorized Capital			100,000
2)Issued Capital			67,000
3)Paid up Capital			66,000
4)Free reserves(excluding revaluation reserves)			34,000
5)(paid up + free reserves)			1,200

Note:

- In case of partnership or proprietary concerns, please indicate capital minus drawings and/or loans to partners/owners.
- In case of partnership or proprietary concerns, please indicate the financial position, means and net worth of the partners.

Rs. In Lakhs

Deployment of Resources *

Particulars	Year prior to preceding year	Preceding year	Current Year
1)Fixed Assets			100,000
2)Plant & Machinery			50,000
3)Office Equipment			25,000
4)Quoted Investments			13,000
5)Unquoted Investments			10,000
6)Details of Liquid Assets			5,000
7)Others			2,000

Rs. In Lakhs

Major Source of Income *

Particulars	Year prior to the preceding year	Preceding Year	Remuneration received as percentage of premium
1)Others			10,000
5)Direct insurance remuneration			3,400
6)Reinsurance Remuneration			1,000

Income and Profit before tax *

Particulars: Income	Year prior to the preceding year	Preceding Year	Current Year	Action
100000			100,000	✗

Dividends *

Particulars	Year prior to the preceding year	Preceding year	Current Year
1)Amount			100,000
2)Percentage			3.58

Note:

Please enclose three years audited annual accounts. Where unaudited reports are submitted, give reasons.
If minimum capital requirement has been met after last audited annual accounts, audited statement of accounts for the period ending on a later date should also be submitted.

Details of Investments, Loans & Advances made to Associate Companies/Firms where Promoters/Directors have an interest is to be separately given

None

Submit Cancel Save As Draft View Submitted Form Print Clear

Figure 67: Financial Information Screen

The fields in **Financial Information screen** are described in the following table.

Field	Description
Capital Structure	
Capital Structure	Lists different capitals under the capital structure of the company. This includes: Authorized Capital, Issue Capital, Paid-up Capital, Free reserves, Paid up+ free reserves.
Year prior to preceding year	Enter the capital amount in the year prior to preceding year <i>(Field is pre-populated with preceding year values)</i>
Preceding year	Enter the capital amount in the preceding year
Current year	Enter the capital amount in the current year
Deployment of resources	
Particulars	lists the different financial resources available with the organization
Year prior to preceding year	Enter the financial value of the respective resource in the year prior to preceding year. <i>(Field is pre-populated with preceding year values)</i>
Preceding year	Enter the financial value of the respective resource in the preceding year
Current year	Enter the financial value of the respective resource in the current year
Major source of income	
Particulars	lists down the possible income streams of the applicant
Year prior to preceding year	Enter income from the respective income stream for the year prior to preceding year. <i>(Field is pre-populated with preceding year values)</i>
Preceding year	Enter income from the respective income stream for the preceding year
Re numeration received as percentage of premium	Enter Re numeration received as percentage of premium
Income and Profit before tax	
Particulars Income	Enter values such as category of income/ expenses or profit before taxes

Field	Description
Year prior to preceding year	Enter income from the respective income stream for the year prior to preceding year. <i>(Field is pre-populated with preceding year values)</i>
Preceding year	Enter income from the respective income stream for the preceding year
Current year	Enter income from the respective income stream for the current year.
Dividends	
Particulars	lists the dividends in terms of amount and percentage
Year prior to preceding year	Enter dividend details for year prior to preceding year. <i>(Field is pre-populated with preceding year values)</i>
Preceding year	Enter dividend details for preceding year
Current year	Enter dividend details for current year

Other Information

In **Other Information**, you need to mention details such as **Details of all settled and pending disputes** and **economic offences** if any.

To view **Other Information** screens:



On the **Financial Information** screen, click **Next**. The **Other Information** screen is displayed. All mandatory fields on the form are marked with an asterisk (*)

Nature of Dispute	Name of the party	Pending / settled	Action
nil	n/a	Settled	X

Figure 68: Other Information Screen

All fields pre-populated in this section. Click **“Next”** to go to **Upload Documents** Section

Upload Documents

In **Upload Documents**, you need to upload the necessary documents for the successful submission of the Renewal License application.

To view Upload Documents screen:



On the **Other Information** screen click **Next, Upload document** screen gets displayed. All mandatory fields on the form are marked with an asterisk (*).

Figure 69: Upload Documents Screen

To upload documents:



1. Under **Check list for documents to be attached**, click **Browse** to search for the corresponding document.
2. Click **Upload** to upload the corresponding document. The name of the uploaded document appears next to the **Upload** button.

Declaration

Declaration section has 2 parts namely **Fee Payment** and **Declaration**.

The **Fee Payment** part will specify the amount of fees to be paid by the Broker to obtain this license.

The **Declarations** part will specify important points that the user is expected to read and agree to before proceeding.

Figure 70: Declaration Screen

Undertaking

In this section, you need to provide information such as if any person related to the applicant has been denied license in the past. If **yes** then what is his relationship with the applicant.

Other information such as list of employees who will be responsible for soliciting and procuring Insurance business and details of the fixed deposit for renewal of license will also be mentioned here.

To View Under taking screen:



On the **Declaration** screen, click **Next**. The **Undertaking** screen is displayed. All mandatory fields on the form are marked with an asterisk (*)

Figure 71: Undertaking Screen

The fields in undertaking screen are described in the following table.

Field	Description
Whether any person related to applicant has been refused for the License in the Past or Not.	Select either 'Yes' or 'No'
Person Related to applicant	
Name of the person	Enter name of the person related (If a person related to the applicant has been denied license in the past)
Relationship with the applicant	Enter relationship with the applicant (If a person related to the applicant has been denied license in the past)
Qualification and Experience details of the Principal Officer of the applicant	
Name	Enter name of the principal officer of the applicant
Address	Enter address of the principal officer of the applicant
Qualification	Enter qualification of the principal officer of the applicant
Prior Experience	Enter years of prior experience of the principal officer of the applicant
Previous Employment	Enter previous employment of the principal officer of the applicant
Employment Details	Enter employment details the principal officer of the applicant
List of employees who will be responsible for soliciting and procuring insurance business	
Name	Enter name of the employee who will be responsible for soliciting and procuring insurance business
Address	Enter address of the employee who will be responsible for soliciting and procuring insurance business
Designation	Enter designation of the employee who will be responsible for soliciting and procuring insurance business

Field	Description
Qualification	Enter qualification of the employee who will be responsible for soliciting and procuring insurance business
Details of Responsibilities	Enter responsibilities of the employee who will be responsible for soliciting and procuring insurance business
Details of the fixed deposit for renewal of license	
Name of the Bank	Enter name of the bank in which the applicant has a fixed deposit
F. D Number	Enter fixed deposit number
Address	Enter address of the bank in which the applicant has a fixed deposit
Amount held in deposit	Enter amount held in the fixed deposit
Percentage to Initial Capital	Enter Percentage to Initial Capital
Maturity Date	Enter maturity date of the fixed deposit

Print view

In **Print view**, validate and confirm the information that you have entered previously in the application, in order to proceed with the submission.

To view **Print view** screen:



On the **Upload Documents** screen, click. **Next**. The **Form Preview** screen is displayed.

← 7 →
Print View

Back
Attach Digital Signature
Submit
Cancel
Save As Draft
View Submitted Form
Print
Clear

SCHEDULE
Insurance Regulatory and Development Authority(Insurance Broker)regulations,2002
FORM - IRDA -21 - AF
[See Regulation 6 and 13]
APPLICATION FOR GRANT OF LICENSE

Name of Applicant: Softech Insurance

Insurance Broker: Composite(both)

Present Address Details

Address Line 1: 220/Platinum Techno Park, 2nd Floor, Sector 30-A, Plot No.17-18, Near . Address Line 2: Raghuleela Mall, Vashi Navi Mumbai 400 705 Address Line 3:
 Pin Code: 400 075 City: MUMBAI District: MUMBAI
 State: MAHARASHTRA Country: India

Correspondence Address

Address Line 1: Address Line 2: Address Line 3:
 Pin Code: City: District:
 State: Country:

Communication Details

Phone No.: Fax No.: Mobile No: +91-9916552552

Organization Structure

Status of applicant: Company Stock Exchange(Optional): Latest Share Price (Optional):
 Date of Incorporation: 04.12.2012 Place of Incorporation: Mumbai

Shareholder Details

List of All shareholders (holding 5% and above of applicant directly or along with associates-applicable only to limited companies)
 Shareholding as on date: 23.01.2013

Name Of Shareholder	Number Of Shares	Percentage of total paid up capital of the company	Foreign Holding
afroasian insurance servi	6,500,000	13	Yes

Particulars of Directors/Partners/ Proprietors

Name	Qualification	Experience in Insurance Broking	Share in applicant firm /company	Directorship in other companies
Udai R Patel	Associate of the Insurance Institute of India, Mumbai	23	4	afroasian insurance services ltd.,U.K.
Dilip shukla	Associate of the Insurance Institute of India, Mumbai	40	0.1	nil

Name of activities carried out by the associated company/concerns

Name of the company or the firm	Address	Type of activity handled	Nature and interest of applicant company
afroasian insurance services ltd	London,U.k.	Reinsurance Brokers at Lyods	insurance & reinsurance broking

Whether any one or more persons of the associate companies/ concerns are interested in the applicant's business. Yes No

Name and Address of the Principal bankers of the applicant

Name Of the Banker	Address Line 1	Address Line 2	Address Line 3	Pincode	City	District	State	Country
HDFC	Nariman Point,Mumbai	Churcghate,Mumbai		400021	MUMBAI	MUMBAI	MAHARASHTRA	India

Name and Address of the Statutory Auditor of the applicant

Name of the Statutory Auditor	Address Line 1	Address Line 2	Address Line 3	Pincode	City	District	State	Country
Arvind H Shah & co.	New MarineLines			400020	MUMBAI	MUMBAI	MAHARASHTRA	India

Particulars of key management personnel					
Name	Qualification	Experience with particular reference to Insurance Broking	Date of appointment	Functional Areas	
Dilip Shukla	B.com.,AFill	9	01.04.2004	Principal Officer	
Details of infrastructure like office space, equipment and manpower available with the applicant: leased office 500sq.ft, 16 personnel.					
Any other information considered relevant to the nature of services rendered by the applicant. No.					
Capital Structure					
Capital Structure	Year prior to preceding year	Preceding year	Current year		
1)Authorized Capital			75,000,000		
2)Issue Capital			50,000,000		
3)Paid up Capital			25,000,000		
4)Free reserves (excluding revaluation reserves)			1,000,000		
5)(paid up + free reserves)	0	0	26,000,000		
Dividends					
Particulars	Year prior to the preceding year	Current Year	Preceding year		
1)Amount		0			
2)Percentage		0			
Details of all settled and pending disputes					
Nature of Dispute	Name of the party	Pending / settled			
nil	n/a	Settled			
Deployment of Resources					
Particulars	Year prior to preceding year	Preceding year	Current Year		
1)Fixed Assets			0		
2)Plant & Machinery			0		
3)Office Equipment			1,000,000		
4)Quoted Investments			0		
5)Unquoted Investments			0		
6)Details of Liquid Assets			200,000		
7)Others			0		
Income and Profit before tax					
Particulars Income	Year prior to the preceding year	Preceding Year	Current Year		
0			0		
Major Source of Income					
Particulars	Year prior to the preceding year	Preceding Year	Remuneration received as percentage of premium		
1)Advisory fees			0		
2)Insurance Consultancy			0		
3)Investment income			0		
4)Others			0		
Details of investments, Loans & Advances made to Associate Companies/Firms where Promoters/Directors have an interest is to be separately given					
Details, if any of any economic offences by the applicant/ proprietor or any of the Partners/ Directors, or key managerial Personnel in the last three years. nil					
Whether any person related to applicant has been refused for the License in the Past or Not . <input type="radio"/> Yes <input checked="" type="radio"/> No					
Qualification and Experience details of the Principal Officer of the applicant					
Name	Address	Qualification	Prior Experience	Previous Employment	Employment Details
Gayatri devi	Mumbai	Associate of the insurance institute of India, Mumbai	5 years	Insurance Company	INS Broker
List of employees who will be responsible for soliciting and procuring insurance business					
Name	Address	Designation	Qualification	Details of the Responsibilities	
Digvijay Singh	Mumbai	Employee	Associate of the insurance institute of India, Mumbai	INS Broker	

Details of the fixed deposit for renewal of license					
Name Of the Bank	Address	F.D.Number	Amount Held in Deposit	Percentage to Initial Capital	Maturity Date
State Bank of India	Mumbai	12457541254	50,000,000	100,000	31.01.2013

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

Figure 72: Print View Screen

To submit Renew License Application:



1. On the **Print view** screen, select the **Declaration** check box.
2. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click the button. See the [Digital Signature](#) topic for more details.
3. Click **Submit**. The **User Confirmation Message** dialog box is displayed.

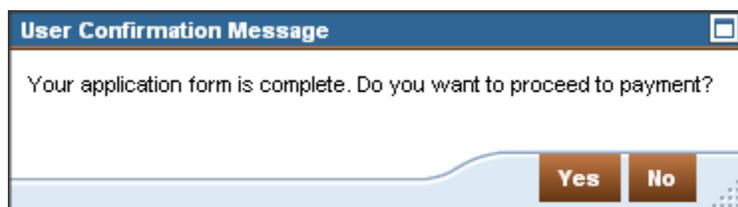


Figure 73: User Confirmation message for Renewal License

4. Click **Yes** to proceed to payment. The **Make Payment** screen is displayed.

Figure 74: Make Payment Screen

5. Select the desired payment type and click **Go** to make payment through that type.

6. 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 75: 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, you need to make payment to IRDA through NEFT/RTGS and then enter the payment details in this payment type.

Figure 76: 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**.
8. **Transaction ID** is generated on click of submit button. Click **OK** to complete the payment process.

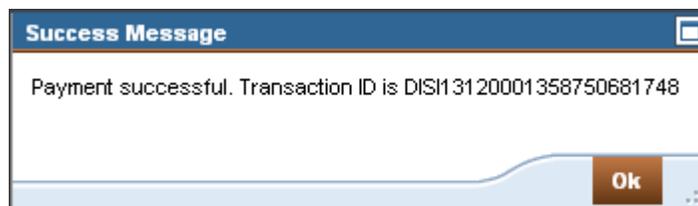


Figure 77: Confirmation Message for Make Payment

9. An **Acknowledgement** dialog box is displayed containing the **Unique Reference Number (URN)**.

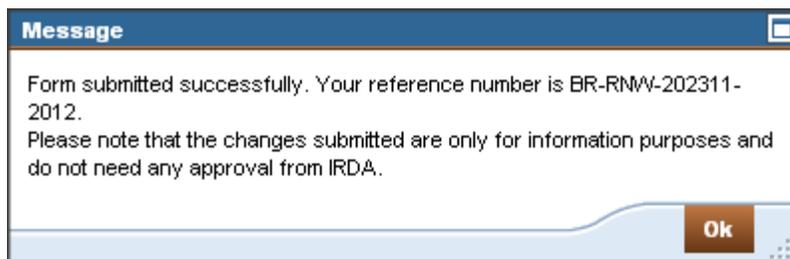


Figure 78: Form Submitted Successfully Notification

10. Click **OK**.



If your renew license request is rejected, IRDA sends you an email notification stating the reason for rejection

Duplicate License

In **Duplicate License**, you can apply for a duplicate license if your license has been lost, destroyed.

To view Duplicate License screen:



1. Click **Broker** tab.
2. Click **Licensing** tab.
3. On the **Licensing** screen, click **Duplicate License**. The **Duplicate License** screen is displayed. It contains the license number and the expiry date of your license. All the mandatory fields are marked with an asterisk (*).

Figure 79: Duplicate License Screen

The buttons available on the **Duplicate License Application** are explained in the following table.

Button	Description
Attach Digital Signature	Click to attach digital signature to the license application.

Submit	Click to submit the application form once you have selected the declaration check box. <i>(Submit button will be enabled only after attachment of digital signature by one of the directors).</i>
Cancel	Click to return to the home page. This action will also clear all the information entered without saving it.
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.
View Submitted Form	Click to view the submitted New License Application in read-only mode.
Print	Click to print the New License Application.
Clear	Click to clear the data entered.

To apply for a Duplicate License:



1. On the **Duplicate License** screen, select the **reason** and enter the details of the circumstances for which you are applying a duplicate licence.
2. Select declaration check box.
3. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click the button. See the [Digital Signature](#) topic for more details.
4. Click **Submit**. The **User Confirmation Message** dialog box is displayed. System displays fees of Rs. 1,000 to be paid on the form. This same amount of fees is charged from applicant’s card/bank via e-payment option during application form submission.
5. The **Make Payment** screen is displayed.



Figure 80: 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 81: 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, you need to make payment to IRDA through NEFT/RTGS and then enter the payment details in this payment type.

Figure 82: 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.

6. Enter the necessary details for the selected payment type and click **Submit**.

7. **Transaction ID** is generated. Click **OK** to complete the payment process.

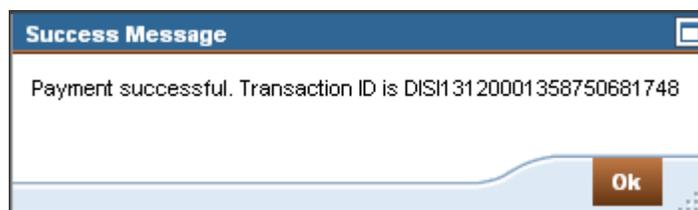


Figure 83: Confirmation Message for Make Payment

8. An **Acknowledgement** dialog box is displayed containing the **Unique Reference Number (URN)**.

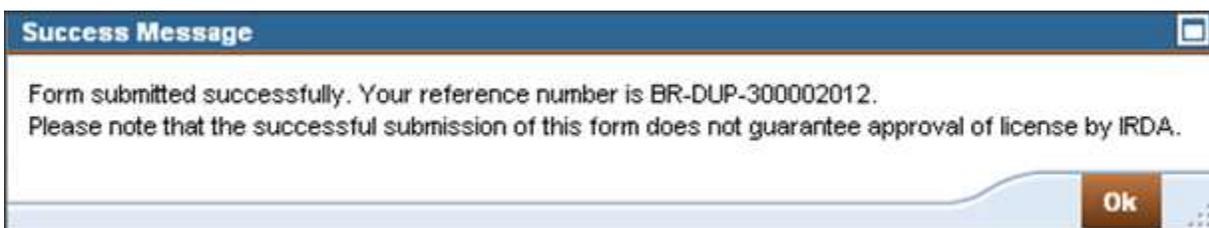


Figure 84: Form Submitted Successfully Notification

9. Click **OK**.



For 'Duplicate License', the digital signature of one of the directors is required for submitting the application form.

After you submit the application, an E mail notification is sent to you informing that your application has been submitted to IRDA.

Changes During Licensing Period

Post issuance of license, a broker might want to change/update certain information that it provided to IRDA during new/renewal license application. All such information can be provided by broker to IRDA anytime during the year.

In “Changes during Licensing Period”, one can update/modify the details using ‘For Information and ‘For Approval’ Category. In the “for information” type the changes can directly be made in the license .However the later requires approval from IRDA before any changes are reflected in the license.

The ‘For information’ type includes:

- Information on opening/closing branches, change of registered/branch offices
- Transfer of shares, increase in paid up capital/ change in holding company/conversation
- Induction of new directors/cessation of existing directors, approval for appointment of director in international bodies
- Change in principal officer/key management personnel
- Information on particulars of persons responsible for soliciting and procuring broking business
- Standing arrangement with Insurance companies and hospitals
- Change in name/organization structure
- Information/approval for investment of funds

The ‘For Approval’ type includes:

- Transfer of shares, increase in paid up capital/change in holding company/conversion of company [Cumulative shareholding after increase 5% or more]
- Removal of lien on FD after making fresh FD
- Voluntary surrender of license
- Approval for opening representative offices abroad
- Other representations by brokers on matters of license
- Miscellaneous

To view Changes in licensing screen:



1. Click **'Broker'** tab.
2. Click **Changes during Licensing period**. A **confirmation** will be displayed.



Figure 85: User Confirmation Message

3. If you click **“Yes”**, you will get the screen shown below.
4. If you click **“No”**, a new window is opened which navigates you to the IRDA website where you can view the Broker regulations.
5. The Changes during licensing period screen will appear. All the mandatory fields in the selected modification type are marked with an asterisk (*).

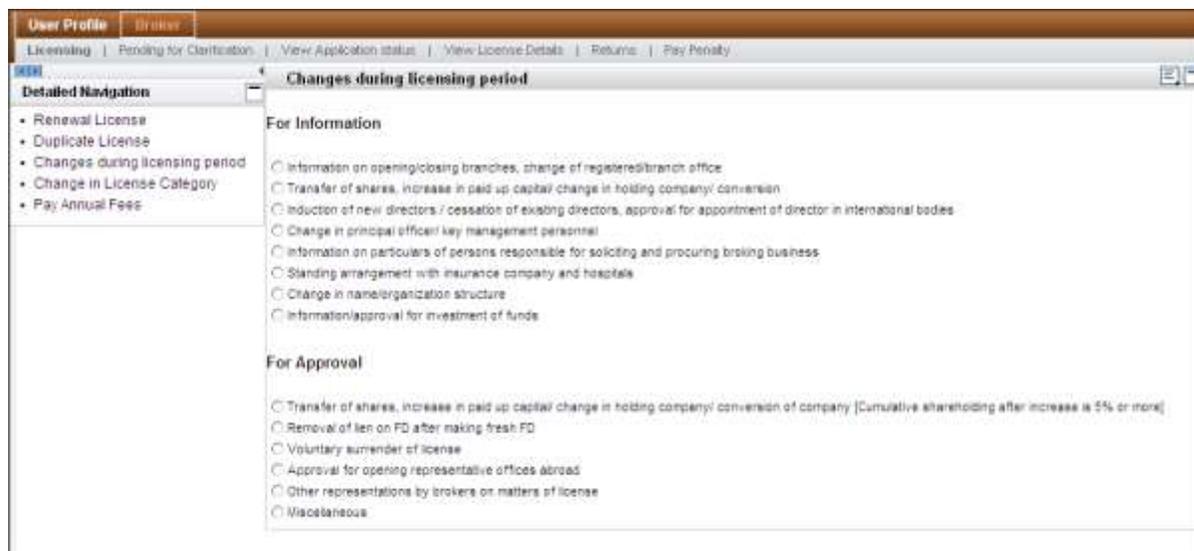


Figure 86: Changes during Licensing Period Screen

6. The screen is divided into two parts
 - **For Information** - Changes that are just for information of IRDA
 - **Request for Approval**- Changes that require approval from IRDA

7. Select the appropriate option from the ' **For Information**' and '**Request for Approval**' list to go to the required page.

The buttons available on the different forms available under the 'changes in license' tab are explained in the following table

Field	Description
Attach Digital Signature	Click to attach digital signature to the application forms.
Submit	Click to submit the application form once you have selected the declaration check box. <i>(Submit button will be enabled only after attachment of digital signature by the directors).</i>
Cancel	Click to return to the home page. This also clears 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.
View Submitted Form	Click to view the submitted New License Application in read only mode.
Print	Click to print the submitted New License Application
Clear	Click to clear the data entered.

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



1. On **Changes in Licensing** screen, select **Information on opening/closing branches, change of registered/branch office**.

Changes during licensing period

FORM F
Particulars of registered and branch offices

Purpose and Objective:
This form is used for capturing the details of a branch office for a broker.
Frequency is quarterly

Attach Digital Signature Submit Save As Draft Print Cancel Clear View Submitted Forms

Branch Office Details *

Address of office	Area Type	State	District	City	Person in Charge	No. of broking staff	No. of other staff	Date of Opening of Office	Whether in operation or not (Yes/No)	Date of Closure	Action
ganesh street, block no.23, opp shiva medicals	Urban	TAMIL NADU	CHENNAI	CHENNAI	Digvijay Singh	10	10	05.12.2011	Yes		X

Registered Office Details *

Address of office	Area Type	State	Activities	Person in Charge	No. of broking staff	No. of other staff	Whether a head office (Yes/No)	Whether in operation or not (Yes/No)
Ganesha Block, block no.14	Urban	TAMIL NADU	INS Related	Digvijay	10	10	No	Yes

Upload Documents

Document proof * Browse Upload Documents.pdf X

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

Attach Digital Signature Submit Save As Draft Print Cancel Clear View Submitted Forms

Figure 87: 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	Enter State of Branch Office
District	Enter District of Branch Office
City	Enter City of Branch Office

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
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	Enter State of the Registered Office
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
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	Enter the Document proof here

2. Make the required changes in your registered office address or add opening /closing details of your office branch.
3. Select the declaration check box.
4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have

imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details

5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.
6. Click **“Yes”** to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**.
7. Click **OK**.

Transfer of shares, increase in paid up capital/change in holding company conversion



1. On **Changes in Licensing** screen, select **Transfer of shares, increase in paid up capital/ change in holding company/conversation**

Changes during licensing period
FORM O
Capital Structure and shareholders details for an insurance broker

Purpose and Objective:
This form is used to capture the details of the capital structure of a broker.
Frequency: yearly

Capital Structure *

Particulars	Amount	Percentage
Authorized Capital	100,000	1,238,000
Issued Capital	87,000	887,500
Paid up Capital	55,000	687,500
Free reserves(excluding valuation reserves)	34,000	425,000
ISSUE UP = Free reserves:	1,200	15,200

PSI Details *

Shareholder Name	Total Equity Share Capital	% Holding	Action
Dipraju Singh	100,000	2.3	<input checked="" type="checkbox"/>

Shareholder Details *

Category of Shareholder (Foreign Direct/Foreign Indirect / Other)	Name of the shareholder	Address of the shareholder	Business or Profession	Shareholders Unique ID (Order PAN No. (Foreign Tax ID))	Shareholding as at end of reporting period (Number)	Shareholding as at end of reporting period (Amount)	Date of changes in shareholding during the period	Particulars of changes in shareholding during the period	Loans and Advances to the Broker (Rupee)	Other Investments in the Broker (Rupee)	Action
Broker	Gaodhi	Chennai	Insurance Broker	INDGS4523K	5,200	2,500	25.12.2012	none	12,500	10,000	<input checked="" type="checkbox"/>

Initial Subscribers of BSA *

Name of the Subscriber	Address of the subscriber	Business or Profession	Shareholders Unique ID (Order PAN No. (Foreign Tax ID))	Shareholding as at end of reporting period (Number)	Shareholding as at end of reporting period (Amount)	Date of changes in shareholding during the period	Particulars of changes in shareholding during the period	Loans and Advances to the Broker (Rupee)	Other Investments in the Broker (Rupee)	Action
Narmada	Chennai	Broker	LKDG54891K	5,812	2,315	25.12.2012	none	12,500	10,000	<input checked="" type="checkbox"/>

Associate Company List *

Name of the associate company	Address of the associate company	Business or Profession	Shareholders Unique ID (Order PAN No. (Foreign Tax ID))	Shareholding as at end of reporting period (Number)	Shareholding as at end of reporting period (Amount)	Date of changes in shareholding during the period	Particulars of changes in shareholding during the period	Regulatory body	Action
Alban Insurance Pvt	Street 12, Guthalopur, Mumbai	Insurance Broking	LDF304512K	2,541	1,200	25.12.2012	none	IRDA	<input checked="" type="checkbox"/>

Note
* Applicable to only partnerships or proprietary concerns

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

Figure 88: Transfer of shares, increase in paid up capital/ change in holding company/ conversation 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

2. Make the required changes in capital Structure, FDI Details, Shareholder details, Initial Subscribers of MOA, Associate Company Wise.
3. Select the declaration check box.
4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have

imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details

5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.
6. Click **Yes** to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**. Click **OK**.

Induction of new directors/cessation of existing directors, approval for appointment of directors in international bodies



1. On **Changes in Licensing** screen, select **Induction of new directors/cessation of existing directors, approval for appointment of director in international bodies**

Changes during licensing period

FORM P
Board of Directors details

Purpose and Objective:
This form captures the details of the persons in the board of directors details
Frequency is yearly

Attach Digital Signature Submit Save As Draft Print Cancel Clear View Submitted Forms

Details of the Board of Director/ Principal Officer *

Name of the person	PAN No.	Address (Street, House)	State	District	City	Pincode	Profession	Appointment / Cessation Date	Designation if holding position	Particulars of changes during the period since the last report	Details of Directorship in other entities (if any)
Jaylakmi G	HJSFD4561K	ganesh street, street no. 21	TAMIL NADU	CHENNAI	CHENNAI	600,016	Broker	05.12.2011	Broker	none	none

Declarations

1. I am not suffering from any of the disqualifications specified under sub-section (5) of section 42D of the Insurance Act 1938. * Yes No

2. I am not holding Agency/Surveyor/TPA license * Yes No

3. I do not hold directorship/employment in/or represent any other insurance related entity * Yes No

4. I have filed FORM - 32 with ROC * Yes No

Upload Documents

Form 32 with ROC * Browse... Documents.pdf ✖

Board resolution * Browse... Documents.pdf ✖

Curriculum Vitae (CV) * Browse... Documents.pdf ✖

Broker exam certificate Browse... Documents.pdf ✖

Attach scanned copy of affidavit * Browse... Documents.pdf ✖

Upload

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

Attach Digital Signature Submit Save As Draft Print Cancel Clear View Submitted Forms

Figure 89: Board of Director 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
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/ BROKER license	If you are not holding Agency/Surveyor/ BROKER 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

2. Make the required changes in Details of Board of Directors/ Principal Officer.
3. Upload the required documents. Select the declaration check box.
4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details
5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.
6. Click “**Yes**” to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**.
7. Click **OK**.

Change in Principal Officer/key management personnel



1. On **Changes in Licensing** screen, select **Change in Principal Officer/key management personnel**

Changes during licensing period

FORM P

Management details

Purpose and Objective:
This form captures the details of the persons in management details
Frequency is yearly

Persons in Charge of Management *

Name of the person	Address (Street, House)	State	District	City	Pincode	Designation and nature of functions	Qualifications and experience including Insurance experience	Insurance Experience	Nature and duration of training received	Particulars of changes during the period	Action
Gayatri	Street no 12,Block no12, Ganesha street	TAMIL NADU	OOTY	OOTY	600,013	INS Broker	INS Broker	5yrs	5yrs	none	✖

Declarations

1. I am not suffering from any of the disqualifications specified under sub-section (5) of section 42D of the Insurance Act 1938. * Yes No

2. I am not holding Agency/Surveyor/TPA license * Yes No

3. I do not hold directorship/employment in/or represent any other insurance related entity * Yes No

4. I have filed FORM - 32 with ROC * Yes No

Upload Documents

Board resolution [Documents.pdf](#) ✖

Curriculum Vitae (CV) [Documents.pdf](#) ✖

Broker exam certificate [Documents.pdf](#) ✖

Attach scanned copy of affidavit [Documents.pdf](#) ✖

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

Figure 90: Management Details Screen

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

Field	Description
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/ BROKER license	If you are not holding Agency/Surveyor/BROKER 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	
Board resolution	Upload Board resolution of Person in charge of Management
Curriculum Vitae (CV)	Upload Curriculum Vitae (CV) of Person in charge of Management

Broker exam certificate	Upload Broker exam certificate of Person in charge of Management
Attach scanned copy of affidavit	Upload Attach scanned copy of affidavit of Person in charge of Management

2. Make the required changes in Person in charge of Management Details.
3. Upload the required documents. Select the declaration check box.
4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details
5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.
6. Click **“Yes”** to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**.
7. Click **OK**.

Information on particulars of persons responsible for soliciting and procuring broking business



1. On **Changes in Licensing** screen, select **Information on particulars of persons responsible for soliciting and procuring broking business**

Changes during licensing period

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

Purpose and Objective:
 This form captures the Particulars of persons responsible for soliciting and procuring of insurance or reinsurance
 Frequency is yearly

Insurance Business *

Name	Address	General qualification	Insurance Qualifications	Insurance Experience	Insurance Broker Exam - Year of Passing	Training Received (Direct/Composite)	Classes of Business handled	Designation and functions	Particulars of changes during the period	Action
Digvijay	Chennai	BA	Broker	5yrs	2005	Direct	Non-Life	Insurance Broker	none	✖

Reinsurance Business *

Name	Address	General qualification	Insurance Qualifications	Insurance Experience	Insurance Broker Exam - Year of Passing	Training Received (Composite)	Classes of Business handled	Designation and functions	Particulars of changes during the period	Action
Gayatri	Chennai	BA	Broker	5yrs	2005	Composite	Non-Life	Ins Broker	none	✖

Upload Documents

Name of persons Documents.pdf ✖

Broker exam passing certificate number Documents.pdf ✖

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

Figure 91: 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
Address	Enter Address of Person responsible for soliciting and procuring insurance business
General Qualification	Enter General 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
Address	Enter Address of Person responsible for soliciting and procuring reinsurance business
General Qualification	Enter General 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-year of passing	Enter year of passing of Insurance Broker exam of 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

2. Make the required changes in Insurance Business, Reinsurance Business.
3. Upload the required documents. Select the declaration check box.
4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details
5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.
6. Click **“Yes”** to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**.
7. Click **OK**.

Standing arrangement with Insurance Company and hospitals



1. On **Changes in Licensing** screen, select **Standing arrangement with Insurance Company and hospitals**

Changes during licensing period

FORM G
Standing arrangements with other insurance brokers or service providers

Purpose and Objective:
 This form captures the details of the standing arrangements with other brokers or service providers
 Frequency is yearly.

Buttons: Attach Digital Signature, Submit, Save As Draft, Print, Cancel, Clear, View Submitted Forms

Standing Arrangement Details *

Name	Address	Particulars of arrangement	Any agreement entered into with others?	Whether service provider is/are from group companies?	Basis of Remuneration	Amount paid during the latest financial year	Action
Gayatri	Chennai	Broker	No	Yes	related to policies	10,000	X

Uploaded Document:

File Description	File Name	Action
Table is empty		

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

Buttons: Attach Digital Signature, Submit, Save As Draft, Print, Cancel, Clear, View Submitted Forms

Figure 92: 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	Enter basics of remuneration entered with the insurance broker or service provider with whom you have a standing arrangement
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

2. Make the required changes in Standing Arrangements Details.
3. Select the declaration check box.
4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details
5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.
6. Click "**Yes**" to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**.
7. Click **OK**.

Change in Name/Organization Structure



1. On **Changes in Licensing** screen, select **Change in Name/Organization Structure**

Figure 93: Change in Name/organization structure Screen

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

Field	Description
Organization Details	
Changed Organization Name	Enter the changed name of the organization here
Upload Documents	
ROC Documents	Upload ROC Document here
Original License	Enter Original license document here
Remarks	Enter Remarks here

2. Make the required changes in Organization Details.
3. Upload the required documents. Select the declaration check box.

4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details
5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.
6. Click **“Yes”** to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**.
7. Click **OK**.

Information/Approval for investment funds



1. On **Changes in Licensing** screen, select **Information/Approval for investment of funds**

Figure 94: Information/Approval for investment of funds Screen

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

Field	Description
Upload Documents	
Document Proof	Upload document proof here
Remarks	Enter Remarks here

2. Upload the required documents and Enter Remarks.
3. Select the declaration check box.
4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details
5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.
6. Click **“Yes”** to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**. Click **OK**.

Transfer of shares, increase in paid up capital/change in holding company/conversion of company



1. On **Changes in Licensing** screen, select **Transfer of shares, increase paid up capital/change in holding company/conversion of company**

Changes during licensing period
FORM O
Capital Structure and shareholders details for an insurance broker

Purpose and Objective:
This form is used to capture the details of the capital structure of a broker.
Frequency: yearly

Attach Digital Signature Submit Save As Draft Print Cancel Clear View Submitted Forms

Capital Structure *

Particulars	Amount	Percentage
Authorized Capital	100,000	1,203,300
Issue Capital	67,000	607,000
Paid up Capital	55,000	607,000
Free reserves(excluding revaluation reserves)	34,000	425,000
(paid up + free reserves)	1,200	15,000

PFI Details *

Shareholder name	Total Equity Share Capital	% Holding	Action
Chigvijay Singh	100,000	2.3	✖

Shareholder Details *

Category of Shareholder (Member Director/Foreign Investor / Insurer)	Name of the shareholder	Address of the shareholder	Business or Profession	Shareholder's Unique ID (Indian PAN No) (Foreign Tax ID)	Shareholding as at end of reporting period (Number)	Shareholding as at end of reporting period (Amount)	Date of changes in shareholding during the period	Particulars of changes in shareholding during the period	Loans and Advances to the Broker Firm	Other Investments in the Broker Firm	Action
Broker	Gajpati	Chennai	Insurance Broker	JKDGS4552K	5,200	2,500	25.12.2012	none	12,000	10,000	✖

Initial Subscribers of MoA *

Name of the Subscriber	Address of the subscriber	Business or Profession	Shareholders Unique ID (Indian PAN No) (Foreign Tax ID)	Shareholding as at end of reporting period (Number)	Shareholding as at end of reporting period (Amount)	Date of changes in shareholding during the period	Particulars of changes in shareholding during the period	Loans and Advances to the Broker Firm	Other Investments in the Broker Firm	Action
Hemrajya	Chennai	broker	LKDGS4551K	5,210	2,315	25.12.2012	none	12,000	10,000	✖

Associate Company View *

Name of the associate company	Address of the associate company	Business or Profession	Shareholder's Unique ID (Indian PAN No) (Foreign Tax ID)	Shareholding as at end of reporting period (Number)	Shareholding as at end of reporting period (Amount)	Date of changes in shareholding during the period	Particulars of changes in shareholding during the period	Regulatory body	Action
Alliant Insurance Pvt	Street-12, Ghoshpat, Mumbai	Insurance Broking	LDFSG45124	2,541	1,200	25.12.2012	none	IRDA	✖

Note:
* Applicable to only partnerships or proprietary concerns.
 I solemnly declare that the particulars given above are true to the best of my knowledge and belief.

Attach Digital Signature Submit Save As Draft Print Cancel Clear View Submitted Forms

Figure 95: 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

2. Make the required changes in Capital Structure, FDI Details, Shareholder Details, Initial Subscribers of MOA, and Associate Company Wise.
3. Select the declaration check box.
4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details
5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.
6. Click **“Yes”** to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**. Click **OK**.

Removal of lien on FD after making fresh FD



1. On **Changes in Licensing** screen, select **Removal of lien on FD after making fresh FD**

Changes during licensing period

FORM I
Fixed Deposit Details

Purpose and Objective:
This form is used for capturing the fixed deposit details for a broker
Frequency is AS and WHEN

Fixed Deposit Details *

Name of the Bank	Address	F.D Number	Amount Held in Deposit	FD Start date	FD End date	FD Amount to Initial Capital Ratio	Action
State Bank Of India	DK Park, Porur,Chennai	3628154281	100,000	25.12.2012	29.01.2013	2.34	✖

Declarations

1. Confirmation that Lien is marked in favour of IRDA * Yes No

2. Letter obtained from bank stating that the principal amount shall not be released without permission of authority * Yes No

3. Whether FD is kept in scheduled bank? * Yes No

4. Whether license period covered, if not then undertaking given to maintain FD throughout the license period? * Yes No

5. Whether covered by regulation 2 (1) (J)(V)? * Yes No

I hereby declare the following:-

1. I am maintaining capital requirements as per Reg 10

2. I have Fixed Deposit in bank as required per Reg 22

3. Capital will not be used for investing in equity, inter corporate deposits, loans, etc

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

Figure 96: Fixed Deposit Details Screen

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

Field	Description
Fixed Deposit Details	
Name of the Bank	Enter Name of the bank in which broker has an FD
Address	Enter Address of the bank in which broker has an FD
FD Number	Enter FD Number
Amount held in deposit	Enter Amount held in FD
FD Start Date	Enter FD start date

FD End Date	Enter FD end date
FD Amount to Initial Capital Ratio	Enter FD Amount to Initial Capital Ratio
Declarations	
Confirmation that Lien is marked in favor of IRDA	If Lien is marked in favor of IRDA select 'Yes' else select 'No'
Letter obtained from bank stating that the principal amount shall not be released without permission of authority	If Letter obtained from bank stating that the principal amount shall not be released without permission of authority select 'Yes' else select 'No'
Whether FD is kept in scheduled bank?	If FD is kept in scheduled bank select 'Yes' else select 'No'
Whether license period covered, if not then undertaking given to maintain FD throughout the license period?	If license period covered, if not then undertaking given to maintain FD throughout the license period then select 'Yes' else select 'No'
Whether covered by regulation 2 (1) (J)(V)?	If by regulation 2 (1) (J)(V) is covered select 'yes' else select 'No'
I am maintaining capital requirements as per Reg 10	If you are maintaining capital requirements as per Reg 10 select 'Yes' else select 'No'
I have Fixed Deposit in bank as required per Reg 22	If you have Fixed Deposit in bank as required per Reg 22 select 'Yes' else select 'No'
Capital will not be used for investing in equity, inter corporate deposits, loans, etc	If Capital will not be used for investing in equity, inter corporate deposits, loans, etc select 'Yes' else select 'No'
Upload Documents	
Capital will not be used for investing in equity, inter corporate deposits, loans, etc	Upload Capital will not be used for investing in equity, inter corporate deposits, loans, etc here

2. Make the required changes in Fixed Deposit Details.
3. Upload the required documents. Select the declaration check box.
4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details
5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.

6. Click **“Yes”** to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**.
7. Click **OK**.

Voluntary surrender of License



1. On **Changes in Licensing** screen, select **Voluntary surrender of license**

Figure 97: Voluntary surrender of license Screen

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

Field	Description
Upload Documents	
Board resolution	Upload Board resolution document here
Confirmation of cessation of business	Upload confirmation of cessation document here
Original License	Upload copy of original license here
All existing contract details (to be served for 6 months or arrangements to be made for transfer of business)	Upload all existing contract detail documents here
Data of pending claims, grievances, and their status (as per format of FORM L)	Upload all data related to pending claims, grievances, and their status
Remarks	Enter Remarks here

2. Upload the required documents. Enter Remarks.
3. Select the declaration check box.
4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details
5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.
6. Click “**Yes**” to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**.
7. Click **OK**.

Approval for opening representative offices abroad



1. On **Changes in Licensing** screen, select **Approval for opening representative offices abroad**

Figure 98: Approval for opening representative offices abroad Screen

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

Field	Description
Upload Documents	
Application to IRDA for issuing NOC for opening offices outside India	Upload the Application to IRDA for issuing NOC for opening offices outside India here
Remarks	Enter Remarks here

2. Upload the required documents and Enter Remarks.
3. Select the declaration check box.
4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details
5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.
6. Click “**Yes**” to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**.
7. Click **OK**.

Other Representations by brokers on matter of License



1. On **Changes in Licensing** screen, select **Other representations by brokers on matter of License**

Figure 99: Other representations by brokers on matter of License Screen

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

Field	Description
Upload Documents	
Other representations by brokers for license	Upload the Other representations by brokers for license document here
Remarks	Enter Remarks here

2. Upload the required Documents and Enter Remarks.
3. Select the declaration check box.
4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details
5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.
6. Click **“Yes”** to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**.
7. Click **OK**.

Miscellaneous



1. On **Changes in Licensing** screen, select **Miscellaneous**.

Figure 100: Miscellaneous Screen

The fields on this screen are described in the following table

Field	Description
Upload Documents	
Upload Document	Upload any additional document here
Description	Enter description of uploaded document here
Remarks	Enter Remarks here

2. Upload the required documents and Enter Remarks.
3. Select the declaration check box.
4. Click **Attach Digital Signature** button. If you have uploaded the digital signature through the BAP portal, then you need to upload it again. Otherwise, if you have imported the signature on your web browser, then it will be attached as soon as you click on button. See the [Digital Signature](#) topic for more details
5. Click **Submit**. The **User Confirmation Message** dialog box is displayed.

6. Click **“Yes”** to submit the form. An **Acknowledgement** dialog box is displayed with an **Application Reference Number**.
7. Click **OK**.

Changes in licensing Category

In order to obtain a new corporate Insurance Broker license with changed license category, you need to fill and submit an application form to IRDA along with the scanned copies of the supporting documents.

When one of the directors submits the form, it must be signed by the other director also before it goes to IRDA for approval. IRDA then reviews and validates the application and then approves, rejects or closes it.

To apply for a Change in License Category:



1. Click '**Broker**' tab.
2. '**License Eligibility Criteria**' is displayed showing basic information (like broker category, application guidelines and fees, etc) and a link to Broker regulations on IRDA website.
3. Click **Licensing** tab.
4. Select '**Change in License Category**' option.
5. You will get a **confirmation box** saying "Please confirm that you have gone through all information regarding broker regulations on IRDA site (www.irdabap.gov.in)
6. If you click "**Yes**", you will get **Change in License Category Screen**.

Change In License Category	
Change Type	
<input type="radio"/>	Addition Of Category
<input type="radio"/>	Upgrade Category
<input type="radio"/>	Downgrade Category
<input type="radio"/>	Deletion Of Category

Figure 101: Changes in license Category Screen

7. If you click **No**, a new window is opened which navigates you to the IRDA website where you can view the Broker regulations.
8. If you select the **Change type** as **Addition Of Category** or **Up gradation Of Category**, then following sections will be displayed:

- [Applicant Details](#)
- [Organization Structure](#)
- [Business Information](#)
- [Financial Information](#)
- [Other Information, if any](#)
- [Upload Documents](#)
- [Declaration](#)
- [Undertaking](#)
- [Print View](#)

9. If you select the **Change type** as **Degradation of Category** or **Deletion of Category** then a screen to upload the necessary documents will open. Select the desired **Category Applied for** and Click **Upload** button to upload the required documents.



Figure 102: Deletion/ Degradation of Category Screen

The buttons available in the **Change in License Category- Application Form** are explained below.

Button	Description
Attach Digital Signature	Click to attach digital signature to the application form

Submit	Click to submit the application form once you have selected the declaration check box. <i>(Submit gets enabled only after the attachment of digital signature by the directors).</i>
Cancel	Click to stop the application processing and return to the home page. This action will also clear all the information entered without saving it.
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.
View Submitted Form	Click to view the submitted New License Application in read only mode.
Print	Click to print the submitted New License Application
Clear	Click to clear the data entered.



Data Entry Operator can only fill the forms and Director can submit the forms.

Pay Annual Fees

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

Pay Annual Fees:



1. Click **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 103: 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	Enter Annual Fees to be Paid

(based on Broker category)	
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". <i>If "Yes", Attach the Certificate from an Auditor document along with the application.</i>

4. Select the **declaration statement** and Click **Submit** button.
5. Acknowledgement message will be displayed. Click **OK**.
6. **Make Payment Screen** will be displayed on click of "**Make Payment**" button.

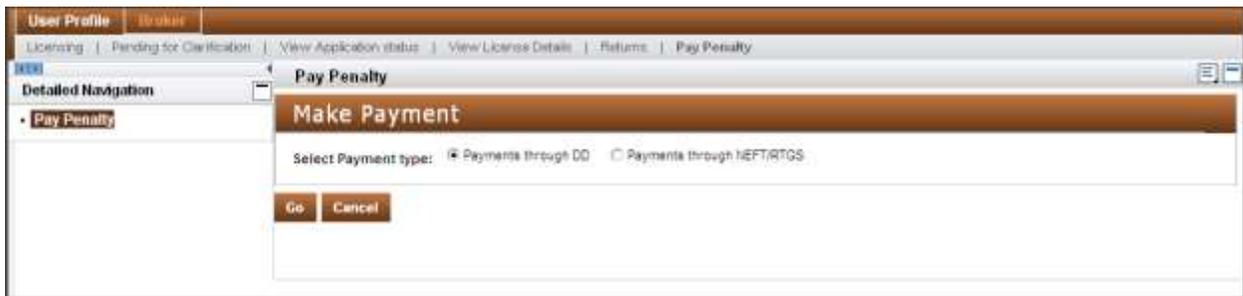


Figure 104: Make Payment Screen

7. 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 105: 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, you need to make payment to IRDA through NEFT/RTGS and then enter the payment details in this payment type.

Figure 106: 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**.
8. An **Acknowledgement** dialog box is displayed containing the **Unique Reference Number (URN)**.
9. 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 107: View license Details Screen



All the information displayed is in read-only mode.

View Application Status

Whenever you submit any application to **IRDA**, it follows a defined process for application processing. Depending on the action taken by IRDA on the application, the status of the application keeps changing. Through **View Application Status** you can view the status of the License application.

To View Applications Status:



1. Click **Broker** tab.
2. Click **View Application Status** tab. The **View Application Status** screen is displayed.



Figure 108: View Application Status Screen

3. The status of the application is displayed in **Application Status** column. The different statuses of the application are explained in the following table.

Status	Stage
Application submitted	Application submitted by you
Under process	Application under process by IRDA.
Application approved	Post approval of application by IRDA

Documents/ Information Awaited	Additional information/documents required by IRDA on the submitted application
Application closed	Post closure of application by IRDA
Application rejected	Post rejection of application by IRDA
License Issued	Post license issuance by IRDA
Approval Withdrawn	Post withdraw of approval by IRDA from approved application

Pending for Clarification

Once you have submitted an application, IRDA reviews the application. If additional information or documents are required after the submission of the application, IRDA notifies you through an email.

The screen displayed is shown as below:

URN	Application Submitted Date	Review Date
BR-NEW-202210-2012	12.12.2012	12.12.2012

Figure 109: URN for Pending for Clarification Screen

Clarification Email:



IRDA, during the license stage, may seek for additional documents for processing your request. In such a stage, you will receive a clarification Email from IRDA. After that, you will have to log into BAP portal to provide additional documents and comments.

Personal Presentation:



Once you have submitted your Application, IRDA can host a personal presentation before issuing a fresh new license/ Up gradation of License Category.

When IRDA seeks personal presentation from you, the notification can be viewed in the Pending for Clarification table as well. Steps explained below are used for applying again.

To View Pending for Clarifications:



1. Click **Broker** tab.
2. Click **Pending for Clarification** tab. The **Pending for Clarification** screen is displayed.
3. Click the **Unique Reference Number (URN)** to view the pending clarifications for that application. The application screen is displayed.
4. In **Remarks by Applicant** field, provide additional information required by IRDA.
5. **Attach** additional documents using **Upload file** button, if required by IRDA. **Browse** button is used to search the documents that are to be attached along with the application.
6. Click **Submit**. The **User Confirmation Message** dialog box will be displayed.

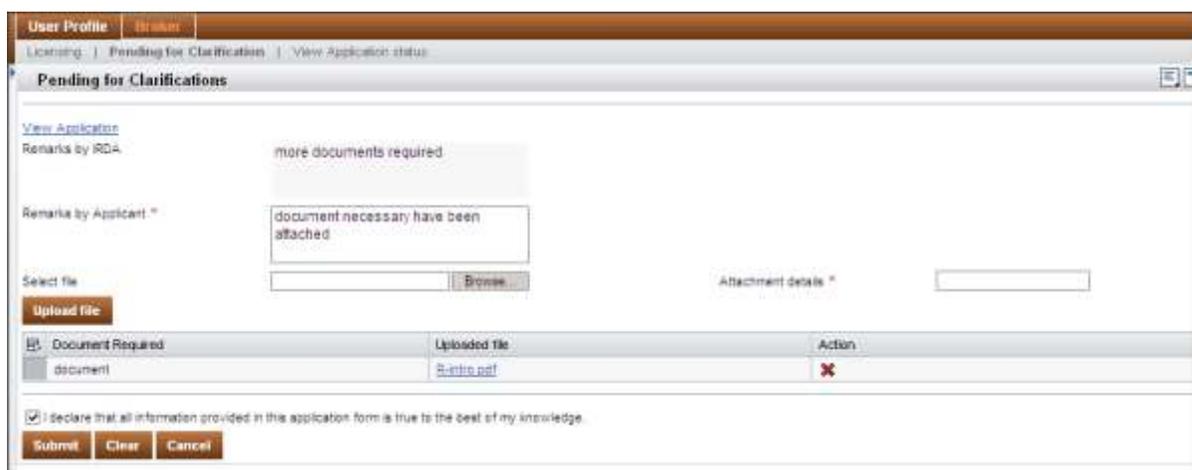


Figure 110: Pending for Clarification Screen

7. Click **Yes**. An **Acknowledgement** dialog box is displayed notifying that the clarification is submitted.



Figure 111: User Confirmation Message

8. Click **OK**.

Reminder Email:

IRDA sends you a reminder Email when it does not receive any response within seven business days of sending the clarification Email. IRDA sends you three reminder Emails after sending the clarification Email.

Closure of Application Email:

If IRDA does not receive any response from you after sending the reminder Email, it closes the application. On closure of the application, IRDA notifies you through Email.

Returns

As a **licensed broker**, you are expected to submit business data required by IRDA. Some data might be required by IRDA on a quarterly basis, some on a half yearly basis and some on a yearly basis. On the BAP portal, these forms to be submitted to IRDA are segregated under quarterly, half yearly and yearly menu tabs.

The Data entry operator can only save the form in the draft mode and cannot submit the form. Submissions can only be done by the directors of the firm. Both the Directors need to sign before the disclosures can be submitted.

To Fill Returns:



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



Figure 112: 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
Submit Forms	Click to submit all forms under the current bunch.
View Submitted	Click to view the submitted forms in read only mode.

Buttons	Description
Form	
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.
Upload Form	Broker will be able to upload monthly figures in the prescribed .csv format
Download Form	Form will be exported in .csv format (with built in validations), and can be saved locally

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

Legends	Description
Green	Completely filled /saved forms have green color As below: 
Red	Blank Forms have Red color As below: 
Yellow	Partially filled forms have yellow color As below: 

 **For Filling Returns:**

- Fill all the Forms under a particular Return Category (Quarterly, Annual, and Half Yearly) and then submit together by clicking "Submit Forms" button, as the forms must be submitted together.

i 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 113: Submit Forms Returns Screen

- Both the directors 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.

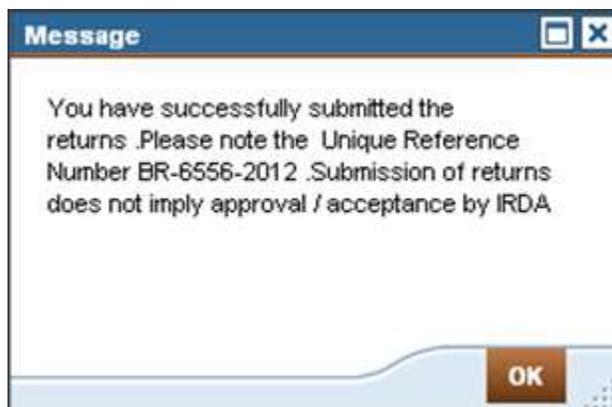


Figure 114: User Confirmation Message

- 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 115: Quarterly Returns Screen

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 **Fill Forms**.
5. Click **Business Data for Brokers** link, the respective return form is displayed.

Quarterly Returns
FORM 5
 Business Data for brokers

Purpose and Objective:
 This form captures the new business data for a broker insurer wise and client wise

Year: 2012
 Insurance Broker: Safatch Insurance
 Submission Due Date: 15-Jan-2012
 Quarter: 3

Insurer Wise Business Figures - Non-Life

Name of Insurer	Marine Hull		Marine Cargo		Motor		Fire		Engineering		Health		Liability		Misc		Total	Total	Action
	No. of Policies	Premium																	
SP	8	75,412	7	45,210	7	40,210	5	35,210	4	25,120	5	55,412	5	45,512	5	40,213	50	370	X

Insurer wise Premium figures - Life

Name of Insurer	Linked				Non-Linked				Total	Total	Action								
	Life	Health	Person	Annuity	Life	Health	Person	Annuity											
TA	8	74,512	7	55,412	5	54,120	5	45,210	4	35,210	5	54,512	5	55,574	5	55,210	47	451	X

Insurer/Wise Premium - Life - (Far Riders)

Name of Insurer	Linked				Non-Linked				Total	Total	Action								
	Health - Sickness	Accident - Dis.	Term	Other (PVI)	Health - Sickness	Accident - Dis.	Term	Other (PVI)											
C	5	42,100	5	54,120	7	74,512	5	54,120	5	45,123	5	54,712	5	45,120	4	45,123	44	414	X

Client Wise Business Data (Based on Premium serviced) - Top 10 Clients (Non-Life)

Client Name	Marine Hull		Marine Cargo		Motor		Fire		Engineering		Health		Liability		Misc		Total	Total	Action
	No. of Policies	Premium																	
Jayshri	5	55,741	5	55,407	5	45,574	5	55,741	5	45,127	4	35,521	3	21,540	4	32,145	58	264	X

Client Wise Business Data (Based on Premium serviced) - Top 10 Clients (Life)

Client Name	Linked				Non-Linked				Total	Total	Action								
	Life	Health	Person	Annuity	Life	Health	Person	Annuity											
gnm	5	54,512	5	55,412	7	78,451	2	21,041	3	32,145	5	54,122	5	55,554	3	32,541	37	405	X

Client Wise Business Data (Based on Premium serviced) - Top 10 Clients (Life - Riders)

Client Name	Linked				Non-Linked				Total	Total	Action								
	Health - Sickness	Accident - Dis.	Term	Other (PVI)	Health - Sickness	Accident - Dis.	Term	Other (PVI)											
iran	4	41,250	5	54,123	5	55,547	5	54,123	5	55,554	7	71,254	3	35,251	4	45,123	40	440	X

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 116: Business Data for Brokers Screen

The fields on the screen are explained in the following table

Field	Description
Insurer Wise Business Figures – Non – Life	
Name of Insurers	Enter Name of Insurers

Field	Description
No of policies	Enter No of Policies for Marine Hull, Marine Cargo, Motor, fire, Engineering, health, Liability, Misc
Premium	Enter Premium for Marine Hull, Marine Cargo, Motor, fire, Engineering, health, Liability, Misc
Total No of Policies	Enter total number of policies
Total Premium	Enter Total Premium
Insurer wise premium figures –Life	
Name of Insurers	Enter Name of Insurers
No of policies	Enter No of Policies for Life, Health, Pension , Annuity for Linked and Non Linked policies
Premium	Enter Premium for Life, Health, Pension , Annuity for Linked and Non Linked policies
Total No of Policies	Enter total number of policies
Total Premium	Enter Total Premium
Insurer wise Premium – Life –(For Riders)	
Name of Insurers	Enter Name of Insurers
No of policies	Enter No of Policies for Health + Sickness, Accident + Disability, Term, Other (PWB)for Linked and Non Linked policies
Premium	Enter Premium for Health + Sickness, Accident + Disability, Term, Other (PWB)for Linked and Non Linked policies for Linked and Non Linked policies
Total No of Policies	Enter total number of policies
Total Premium	Enter Total Premium
Client Wise Business Data (Based on Premium serviced) - Top 10 Clients (Non-Life)	
Client Name	Enter Name of the Client
No of	Enter No of Policies for Marine Hull, Marine Cargo, Motor, fire,

Field	Description
policies	Engineering, health, Liability, Misc
Premium	Enter Premium for Marine Hull, Marine Cargo, Motor, fire, Engineering, health, Liability, Misc
Total No of Policies	Enter total number of policies
Total Premium	Enter Total Premium
Client Wise Business Data (Based on Premium serviced) - Top 10 Clients (Life)	
Client Name	Enter Name of the Client
No of policies	Enter No of Policies for Life, Health, Pension , Annuity for Linked and Non Linked policies
Premium	Enter Premium for Life, Health, Pension , Annuity for Linked and Non Linked policies
Total No of Policies	Enter total number of policies
Total Premium	Enter Total Premium
Client Wise Business Data (Based on Premium serviced) - Top 10 Clients (Life - Riders)	
Client Name	Enter Name of the Client
No of policies	Enter No of Policies for Health + Sickness, Accident + Disability, Term, Other (PWB)for Linked and Non Linked policies for Linked and Non Linked policies
Premium	Enter Premium for Health + Sickness, Accident + Disability, Term, Other (PWB)for Linked and Non Linked policies for Linked and Non Linked policies
Total No of Policies	Enter total number of policies
Total Premium	Enter Total Premium

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

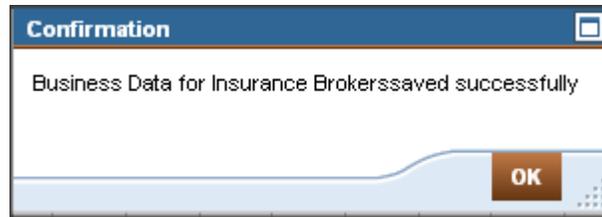


Figure 117: User Confirmation Message

7. To download the template of the form click **Download form**. A template Form 10.csv will be opened in a.csv format. Fill in the template and save the file on your local machine.
8. Click **Upload Form** .Browse the saved file and click **Ok**. Your Business Data details will be uploaded.
9. Click **Save**.

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 **Fill Forms**.
5. Click **Business Data for Insurance Brokers (Life)** link, the respective return form is displayed.

Quarterly Returns

FROM S (LIFE)

Business Data for brokers (Life Insurers)

Purpose and Objective:
The purpose of this form is to capture the new business data for brokers for life insurers

Year: 2,011
Insurance Broker: Excelent insurance Broking Services Ltd. Submission Due Date: 15-Jul-2011
Quarter: 1

Life Business

#	Line of Business	No of policies	Individual Business			Group Business			
			Premium Amount	Brokerage Income	Brokerage %	No of lives covered	Premium Amount	Brokerage Income	Brokerage %
Linked	Life	21	98,764.54	12,457	12.6128	100	365,421.5	26,455.5	7.23972
Linked	Health	10	12,984	954	7.3475	110	451,236.2	25,412.2	5.63168
Linked	Pension	12	24,354	2,541	10.4336	111	254,133.2	12,365.5	4.86576
Linked	Annuity	15	34,251	3,254	9.50045	101	789,542.21	26,541.5	3.36163
Non-Linked	Life	17	38,765	5,410	13.9559	98	635,412.5	36,540	5.7506
Non-Linked	Health	19	43,213	5,241	12.1283	99	987,456.2	54,123.5	5.4811
Non-Linked	Pension	23	56,732	7,845	13.8282	102	254,123.5	26,541	10.4441
Non-Linked	Annuity	30	193,842.83	23,145	11.9401	103	98,745.5	5,640	5.71165
Riders	Health + Sickness	25	78,302.83	6,542	8.34835	107	325,412.5	23,540	7.2339
Riders	Accident + Disability	20	67,835.99	5,471	8.06504	111	125,475.5	23,541.5	18.7618
Riders	Term	11	25,471	2,541	9.97605	99	236,547.5	10,264.5	4.33507
Riders	Other (PWB)	13	26,874.5	3,254	12.1081	103	96,857.5	12,540	12.8468

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 118: Business Data for Insurance Brokers (Life) Screen

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 119: User Confirmation Message

7. To download the template of the form click **Download form**. A template Form.10.1.csv will be opened in a csv format. Fill in the template and save the file on your local machine.
8. Click **Upload Form**. Browse the saved file and click **Ok**. Your Business Data details will be uploaded.
9. Click **Save**.

Business Data for Insurance Brokers (Non Life)

This form captures new business data for Non Life Insurers

To fill Business Data for Brokers (Non 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 **Fill Forms**.
5. Click **Business Data for Brokers (Non Life)** link, the respective return form is displayed.

Quarterly Returns
FORM S (NON-LIFE)
 Business Data for brokers (Non Life Insurers)

Purpose and Objective:
 The purpose of this form is to capture the new business data for brokers for non life insurers

Year: 2011
 Insurance Broker: Excellent Insurance Broking Services Ltd. Submission Due Date: 15-Jul-2011
 Quarter: 1

Line of Business	No. of policies	Premium Amount	Brokerage Income	Brokerage %
Motor	8	100,000	20,000	20
Health	9	200,000	40,000	20
Engineering	8	300,000	45,000	15
Marine Cargo	9	200,000	30,000	15
Misc	8	100,000	25,000	25
Liability	7	200,000	40,000	20
Fire	8	300,000	45,000	15
Marine Hull	8	400,000	120,000	30

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 120: Business Data for Non Life Screen

The fields on the screen are explained in the following table

Field	Description
Non Life 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

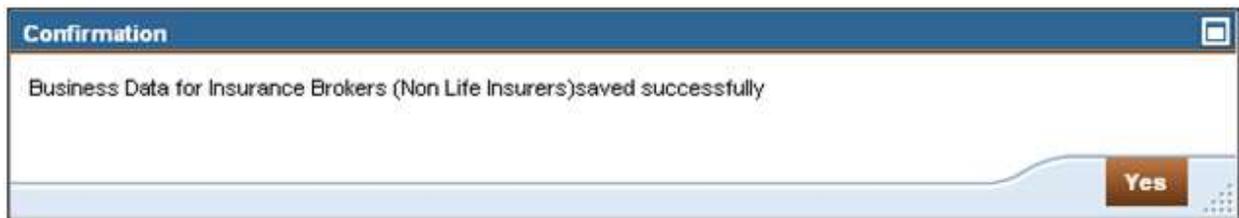


Figure 121: User Confirmation Message

7. To download the template of the form click **Download form**. A template Form.10.2.csv will be opened in a csv format. Fill in the template and save the file on your local machine.
8. Click **Upload Form** .Browse the saved file and click **Ok**. Your Business Data details will be uploaded.
9. Click **Save**.

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 **Quarterly** tab. Select the **Quarter & 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.

Quarterly Returns
FORM L
Claims Data for Insurance Brokers

Purpose and Objective:
 This form captures the details of the claims for an insured or broker.
 Frequency or quarter:

Year: 2011
 Insurance Broker: Excellent Insurance Broking Services Ltd.
 Submission Due Date: 15-Jul-2011

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:

Date of event or occurrence	Name of client (optional)	Nature of event likely to give rise to a claim	Short description of facts of claim	Estimated or actual amount of claim	Whether covered by professional indemnity policy	Amount provided by the broker to the broker for the claim	Present status of claim	Action
18/12/2012	Raghavendra	Health fitness	ILLNESS	305,000	No	300,000	OPEN	X

Claims Movement

Particulars	Number Of Claims	Claims amount
Claims pending at the beginning of the quarter	229	1,060,000
New Claims registered during the quarter	100	987,450
Claims settled/closed during the quarter	100	874,500
Claims reported during the quarter	20	541,000
Claims pending at the end of the quarter	229	371,880

Aggreg of pending claims

Pending claim aging buckets	Number Of Claims	Claims amount
Pending for upto 1 month	20	880,000
Pending for greater than 1 month and upto 3 months	20	875,000
Pending for greater than 3 months and upto 6 months	20	500,000
Pending for greater than 6 months and upto 12 months	20	457,800
Pending for more than 1 year	20	305,400
Total Pending	100	3,118,200

Aggreg of settled claims

Settled claim aging buckets	Number Of Claims	Claims amount
Settled for upto 1 month	20	95,000
Settled for greater than 1 month and upto 3 months	20	654,000
Settled for greater than 3 months and upto 6 months	20	900,000
Settled for greater than 6 months and upto 12 months	20	154,800
Settled for more than 1 year	20	548,800
Total Settled	100	3,216,900

Major Claims Pending - Above 3 Crores

Name Of Client	Policy Number	Claim Amount	Date of Inv.	Action
Bhaskar Sharma	048712	73,945,610	18/12/2012	X

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

Save Save as Draft Approval Form Download Form Close Cancel

Figure 122: 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	Enter every event that has come to the company's notice where the company may become liable to pay damages or compensation to clients,

Field	Description
clients, whether covered by the professional indemnity policy or not, giving the following information	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
Date of Loss	Enter Date of Loss

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



Figure 123: User Confirmation Message

7. To download the template of the form click **Download form**. A template Form12.csv will be opened in a csv format. Fill in the template and save the file on your local machine.
8. Click **Upload Form**. Browse the saved file and click **Ok**. Your Claims Data details will be uploaded.
9. Click **Save**.

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 124: 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.

FORM M
 Reinsurance balances outstanding as at--(End of Financial Year - 31st March)

Purpose and Objective:
 This form captures the details of the reinsurance balances outstanding for an insurance broker.
 Frequency is yearly.

Year: 2010
 Insurance Broker: Excellent Insurance Broking Services Ltd. Submission Due Date: 30-Apr-2011

Description	Amount outstanding for a period of:				Total
	0-3 Months	3-6 Months	6-12 Months	Over 12 Months	
Due to ceding companies	45,812	47,512	45,120	54,221	192,465
Due to reinsurers	23,457	32,450	45,780	15,480	117,167
Due from ceding companies	24,570	15,480	15,477	23,564	79,091
Due from Reinsurers	12,457	23,450	25,480	35,470	96,857

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

Figure 125: 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

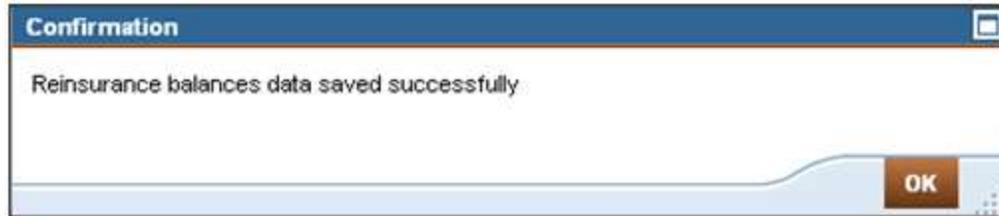


Figure 126: User Confirmation Message

7. To download the template of the form click **Download form**. A template Form13.csv will be opened in a .csv format. Fill in the template and save the file on your local machine.
8. Click **Upload Form**. Browse the saved file and click **Ok**. Your Reinsurance Balance Outstanding details will be uploaded.
9. Click **Save**.

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.

CASH FLOW STATEMENT
Cash Flow Statement for Insurance brokers

Purpose and Objective:
This form is used to capture cash flow details for a broker

Year: 2,010 Submission on: 04-Dec-2012

Insurance Broker: Excellent Insurance Broking Services Ltd. Submission Due Date: 30-Apr-2011

1. CASH FLOW FROM OPERATING ACTIVITIES

1.1 Brokerage Receipts (-): *	1,000,000
1.2 Reinsurance Receipts (+): *	2,000,000
1.3 Other Receipts/Payments (+): *	2,000,000
1.4 Realizations from Sundry Debtors (+): **	1,000,000
1.5 Payment towards Expenses (-): **	1,000,000
1.6 Payments of Tax Deducted at Source (-): **	1,000,000
1.7 Payments to Sundry Creditors (-): **	1,000,000
1.8 Payments Of Other Advances (-): **	1,000,000
Net Cash From Operating Activities:	2,000,000

2. CASH FLOW FROM INVESTING ACTIVITIES

2.1 Purchase Of Investments (-): **	1,000,000
2.2 Sale Of Investments (+): **	2,000,000
2.3 Purchases Of Fixed Assets (-): **	1,000,000
2.4 Sale Of Fixed Assets (+): **	1,000,000
2.5 Income Received On Investments (+): **	1,000,000
2.6 Expenses Relating To Investments (-): **	1,000,000
Net Cash From Investing Activities:	1,000,000

3. CASH FLOW FROM FINANCING ACTIVITIES

3.1 Proceeds from issue of Share Capital (+): **	1,000,000
3.2 Proceeds from borrowings (+): **	1,000,000
3.3 Repayment of borrowings (-): **	100,000
3.4 Interest/Dividends paid (-): **	100,000
Net Cash From Financing Activities (3):	1,800,000

Net Increase / (Decrease) in Cash And Cash Equivalents: 4,800,000

4. Cash & Bank Balance (Beginning of Financial Year)

4.1 Cash in Hand: **	1,000,000
4.2 Balance in Current Accounts: **	1,000,000

5. Cash & Bank Balance (End of Financial Year)

5.1 Cash in Hand: **	1,000,000
5.2 Balance in Current Accounts: **	1,000,000

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

Figure 127: 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

Field	Description
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
Cash & Bank balance (End of Financial Year)	
Cash in Hand	Enter Cash in Hand
Balance in current accounts	Enter Balance in current accounts

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

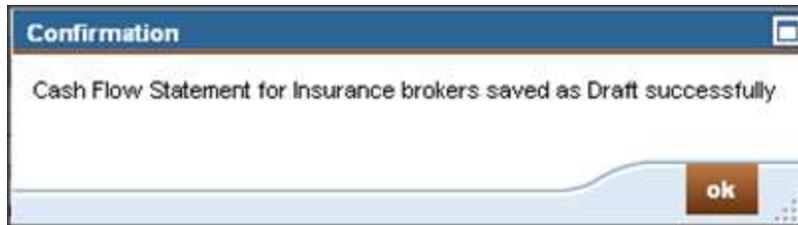


Figure 128: User Confirmation Message

7. To download the template of the form click **Download form**. A template Broker_Annl_Form_4_1.csv will be opened in a csv format. Fill in the template and save the file on your local machine.
8. Click **Upload Form**. Browse the saved file and click **Ok**. Your Cash Flow Statement details will be uploaded.
9. Click **Save**.

Security screening proceedings for reinsurance broking

This form captures the details of the security screening proceedings for reinsurance broking.

To fill Security screening proceedings for reinsurance broking



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 **Security screening proceeding for reinsurance broking** link, the respective return form is displayed.

Figure 129: Security screening proceedings Screen

The fields on the screen are explained in the following table

Field	Description
Please state the security screening procedures adopted in the brokers office and the person responsible to approve the securities to be used by the broker, and in particular, stating	Enter the security screening procedures adopted in your office and the person responsible to approve the securities to be used by you, and in particular, stating

Field	Description
Whether the broker obtains and reviews the annual accounts of reinsurers used by it, (Yes / No)	If you obtain and review the annual accounts of reinsurers enter 'Yes' else enter 'No'
(If answered 'Yes' for previous column) Who within the organization is responsible for this function?	Enter who within your organization is responsible for obtaining and reviewing the annual accounts of reinsurers
Procedure followed by the broker to keep abreast of developments in the international markets	Enter Procedure followed by you to keep abreast of developments in the international markets

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

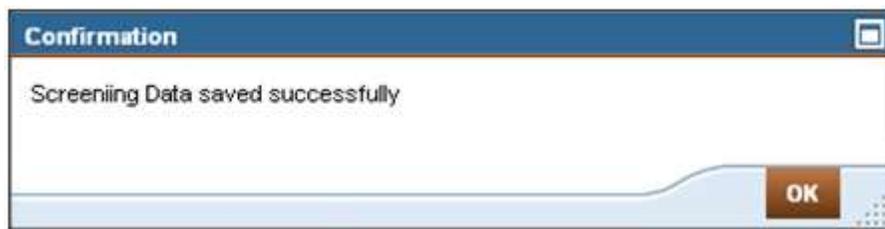


Figure 130: User Confirmation Message

7. To download the template of the form click **Download form**. A template Form14.csv will be opened in a .csv format. Fill in the template and save the file on your local machine.
8. Click **Upload Form** .Browse the saved file and click **Ok**. Your Security screening proceedings details will be uploaded.
9. Click **Save**.

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 return form is displayed.

PROFIT & LOSS STATEMENT
 Financial Statement for each Insurance broker : Profit and Loss Statement

Purpose and Objective:
 This form is used to capture the profit and loss statement details for a broker

Year: 2010 Submission on: 04-Dec-2012
 Insurance Broker: Excellent Insurance Broking Services Ltd. Submission Due Date: 30-Apr-2011

1. INCOME

i. Brokerage * 2,000,000
 ii. Other Business Income (B) 2,000,000
 iii. Investment Income (+) * 2,000,000
 iv. Other miscellaneous income (C) 1,000,000
 Total (A): 7,000,000

2. EXPENSES

i. Staff Salaries and Expenses (-) * 900,000
 ii. Directors Fees and Other Remuneration (+) * 100,000
 iii. Payments for business procurement (E) 1,000,000
 iv. Rents/Rates and Taxes (+) * 100,000
 v. Maintenance and Repairs (+) * 100,000
 vi. Printing and Stationery (+) * 200,000
 vii. Communication Expenses (+) * 100,000
 viii. Legal and Professional Expenses (+) * 100,000
 ix. Advertisement and Publicity (+) * 300,000
 x. Auditors' Fees and Expenses (+) * 500,000
 xi. Interest and Bank Charges (+) * 1,000,000
 xii. Depreciation (+) * 500,000
 xiii. Other Expenses (+) * 100,000
 xiv. Payments for business procurement (+) * 1,000,000
 Total (B): 5,000,000

Profit before tax: 2,000,000
 Loss before tax: 0

Provision For Taxation:
 E. Current Tax * 800,000
 F. Deferred Tax * 100,000
 7. Profit After Tax: 1,100,000
 7. Loss After Tax: 0

3. APPROPRIATIONS

i. Balance at the Beginning of the Year (G) * 500,000
 ii. Interim Dividends Paid During the Year (H) * 100,000
 iii. Proposed Final Dividend (I) * 100,000
 iv. Dividend Distribution on Tax (J) * 100,000
 v. Transfer to Reserves/Other Accounts (K) * 100,000
 8. Profit Carried to Balance Sheet: 1,200,000
 9. Loss Carried to Balance Sheet: 0

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 131: 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

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



Figure 132: User Confirmation Message

- To download the template of the form click **Download form**. A template Broker_Annl_Form_3.csv will be opened in a .csv format. Fill in the template and save the file on your local machine.

8. Click **Upload Form** .Browse the saved file and click **Ok**. Your Financial Statement of each insurance broker-Profit and Loss Statement details will be uploaded.
9. Click **Save**.

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.

BALANCE SHEET
Balance Sheet of Insurance Brokers

Purpose and Objective:
This form is used to capture balance sheet data for a broker.

Year: 2012
Insurance Broker: Sahel Insurance
Submission Due Date: 30-Apr-2013

SOURCES OF FUND

20. SHAREHOLDERS FUND (F)
Share Capital:

1. Authorized	1,000,000
2. Subscribed	1,000,000
3. Called up	1,000,000
4. Less Calls in Arrears	0
5. Add Shares Forfeited	1,000,000
6. Less Par Value of Shares Bought Back	21,211
7. Less Preliminary Expenses	0
Totals	1,078,789

8. Reserve and Surplus (+)

Subtotal	1,028,789
9. Provisions	50,000

10. Total Assets

10. Total Assets	2,108,789
------------------	-----------

11. Name of Issuer, Amount Deposited, Amount Outstanding as on 31st March

Name of Issuer	Amount Deposited	Amount Outstanding as on 31st March
Equity Share	100,000	10,000

11. Current Liabilities and Provisions (+)

11. Current Liabilities and Provisions	50,000
Totals	2,108,789

APPLICATION OF FUND

12. Required Deposit (+)

12. Required Deposit	1,000,000
----------------------	-----------

Investment:

13. Government Securities (+)	500,000
14. Other Approved Securities (+)	20,000

Approved Investment:

15. Shares (+)	21,000
16. Debentures (+)	10,000
17. Bank Deposits (+)	10,000
18. Others (+)	10,000

19. Name of Individual, Purpose of Loan, Amount of Loan, Amount Outstanding as on 31st March

Name of Individual	Purpose of Loan	Amount of Loan	Amount Outstanding as on 31st March
Asa S	Claims Related	100,000	10,000

19. To Shareholders, Directors, Officers (+)

19. To Shareholders, Directors, Officers	10,000
--	--------

20. To Others Secured Loan (+)

20. To Others Secured Loan	100,000
----------------------------	---------

21. To Others Unsecured (+)

21. To Others Unsecured	10,000
-------------------------	--------

22. Fixed Assets (+)

22. Fixed Assets	10,000
------------------	--------

23. Current Assets (+)

23. Current Assets	10,000
--------------------	--------

24. Debt Balance in Profit and Loss A/c (+)

24. Debt Balance in Profit and Loss A/c	0
Totals	1,312,000

25. Contingent Liabilities:
Details of Contingent Liabilities:

25. Contingent Liabilities	100,000
----------------------------	---------

Major Remarks/Observation of Auditor:

Declaration:
 I hereby declare that the particulars given above are true to the best of my knowledge and belief.

Buttons: Save, View as Print, Cancel Form, Download Template, Clear, Cancel

Figure 133: 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 31 st 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

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

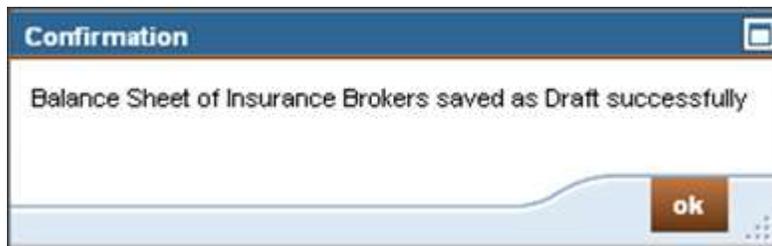


Figure 134: User Confirmation Message

7. To download the template of the form click **Download form**. A template Broker_Annl_Form_4.csv will be opened in a .csv format. Fill in the template and save the file on your local machine.
8. Click **Upload Form** .Browse the saved file and click **Ok**. Your Balance Sheet of Insurance Brokers details will be uploaded.
9. Click **Save**.

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.

Name of the Statutory Auditor	Address of the Statutory Auditor	Name of partner responsible for audit of the broker	Name of Internal Auditor (refer Regulation 27)	Address of Internal Auditor	Qualifications	Experience	If an employee, to whom does the internal auditor report?	Particulars of changes, if any, during the reporting period	Action
Shweta Garg	Vashi	Sambhavi	Kiran Singh	chennai	BA	5	Gaurav	none	✘

Figure 135: 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



Figure 136: User Confirmation Message

7. To download the template of the form click **Download form**. A template Form7.csv will be opened in a .csv format. Fill in the template and save the file on your local machine.
8. Click **Upload Form**. Browse the saved file and click **Ok**. Your Audit Arrangement for Insurance Broker details will be uploaded.
9. Click **Save**.

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 137: 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 138: User Confirmation Message

7. To download the template of the form click **Download form**. A template Form11.csv will be opened in a .csv format. Fill in the template and save the file on your local machine.
8. Click **Upload Form**. Browse the saved file and click **Ok**. Your Insurance Bank Accounts details will be uploaded.
9. Click **Save**.

Details of Group Companies of a Insurance Broker

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

To fill Details of Group Companies of a 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 a Insurance Broker** link, the respective return form is displayed.

Figure 139: 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 140: User Confirmation Message

7. To download the template of the form click **Download form**. A template Form16.csv will be opened in a .csv format. Fill in the template and save the file on your local machine.
8. Click **Upload Form** .Browse the saved file and click **Ok**. Your Details of Group Companies of a Insurance Broker details will be uploaded.
9. Click Save.

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.

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	Miscellaneous	Fire	Marine	Miscellaneous
tylara	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 141: 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

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

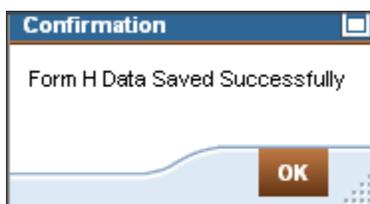


Figure 142: User Confirmation Message

- To download the template of the form click **Download form**. A template form H.csv will be opened in a .csv format. Fill in the template and save the file on your local machine.
- Click **Upload Form** .Browse the saved file and click **Ok**. Your Spread of Business during the Year Ending details will be uploaded.
- Click **Save**.

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.

Figure 143: 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	Enter 'From' date of Period of Insurance

Date)	
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

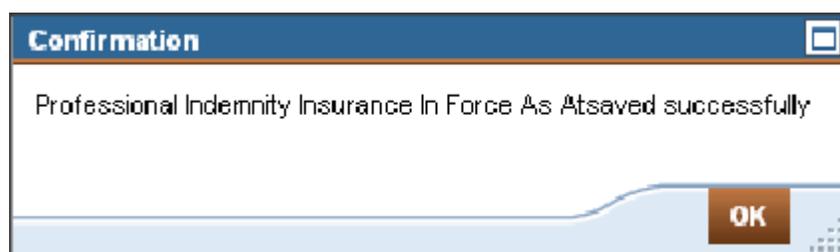


Figure 144: User Confirmation Message

7. To download the template of the form click **Download form**. A template Formk.csv will be opened in a .csv format. Fill in the template and save the file on your local machine.
8. Click **Upload Form**. Browse the saved file and click **Ok**. Your Professional Indemnity Insurance In Force As At details will be uploaded.
9. Click **Save**.

Half Yearly

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 145: Half Yearly Returns Screen

5. 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 Details of Outstanding Claims returns



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 Objectives:
This form is used to capture the financial data for an insurance broker.
Frequency: Half yearly.

Year: 2011
Insurance Broker: Excellent Insurance Broking Services Ltd
Half year: 1
Submission Due Date: 31-Oct-2011

Income Data	
Description (Rs. in Thousands)	Amount
Direct insurance remuneration	100,000
Reinsurance remuneration	100,000
Advisory fees	100,000
Insurance consultancy	100,000
Investment Income	100,000
Others	100,000
Total	600,000

Investment Data		
Description (Rs. in Thousands)	Amount For Current year (As per selector)	Payments from Statutory Auditor (If Any)
Group Companies	10,000	Yes
Equity	10,000	Yes
Debt	10,000	Yes
Loans/ Advances given directly or indirectly to group companies	10,000	Yes
Others	10,000	Yes
Total	50,000	

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

Select File: Attachment Details:

Required Documents	Uploaded Document Link	Action
Financial data one	Link	<input type="button" value="X"/>
Financial data two	Link	<input type="button" value="X"/>

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

Figure 146: 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

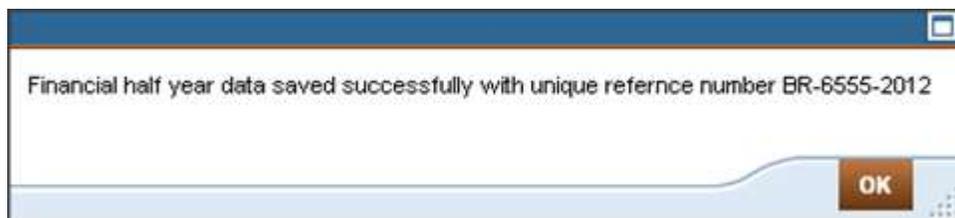


Figure 147: User Confirmation Message

7. To download the template of the form click **Download form**. A template Form5.csv will be opened in a .csv format. Fill in the template and save the file on your local machine.
8. Click **Upload Form** .Browse the saved file and click **Ok**. Your Financial Data for Insurance Brokers details will be uploaded.
9. Click **Save**.

Assistance on Filling Returns

Form S- Business Data for Insurance Brokers:

The below table provides guidelines for Data Submission of Form S returns (Quarterly Returns).

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,	Integer	Text Box	The value entered here would be the No. of policies

Field Details	Data Type	Field Object	Values
Motor, fire, Engineering health, Liability, Misc.)_			
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.
Insurerwise 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,	Integer	Text Box	The value entered here would be the No. of policies in integer

Field Details	Data Type	Field Object	Values
Engineering , health, Liability, Misc.)			
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.
Insurerwise 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,	Integer	Text Box	The value entered here would be the No. of policies

Field Details	Data Type	Field Object	Values
Term, Other (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 (Non-Life)			
Client Name	Varchar	Text Box	The value entered here would be the Client Name
No of policies (For Marine Hull,	Integer	Text Box	The value entered here

Field Details	Data Type	Field Object	Values
Marine Cargo, Motor, fire, Engineering , health, Liability, Misc.)			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 - Riders)			
Client Name	Varchar	Text Box	The value entered here would be the Client Name
No of policies (For Marine Hull, Marine	Integer	Text Box	The value entered here would be the

Field Details	Data Type	Field Object	Values
Cargo, Motor, fire, Engineering, health, Liability, Misc.)			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.

Form S- Business Date for Insurance Brokers (Life Insurers):

The below table provides guidelines for Data Submission of Form S (Life) Returns (Quarterly Returns).

Field Details	Data Type	Field Object	Values
Year	Integer	Disabled Text box	Year would be auto populated.

Field Details	Data Type	Field Object	Values
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, Non linked - 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.

Field Details	Data Type	Field Object	Values
Group Business (For: Linked- Life, Health, Pension, Annuity, Non linked- 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.

Form S- Business Date for Insurance Brokers (Non Life Insurers):

The below table provides guidelines for Data Submission of Form S (Non Life) Returns (Quarterly Returns).

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

Field Details	Data Type	Field Object	Values
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.
Brokerage %	Decimal	Disabled Text Box	Derived by system, by calculating the brokerage percentage.

Form L-Claims Data for Insurance Broker:

The below table provides guidelines for Data Submission of Form S (Life) Returns (Quarterly Returns).

Field Details	Data Type	Field Object	Values
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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 by the field.
Date of period of occurrence.	Date	Date Type	Select the required date from the dropdown.

Field Details	Data Type	Field Object	Values
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	Text box	Enter the amount provided by the broker
Present status of claim	VarChar	Combo Box	The status can be either selected as "open" or "closed".
Aging of Pending Claims			
Pending for up to 1 month(number of claims)	Integer	Text box	Enter the number of claims, pending for up to 1 month.
Pending for up to 1 month(claims amount)	Decimal	Text box	Enter the claims amount, 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, pending for greater than 1 month and up to 3 months.

Field Details	Data Type	Field Object	Values
Pending for greater than 1 month and up to 3 months(claims amount)	Decimal	Text box	Enter the claims amount, 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, 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, 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, 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, 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, pending for more than 1 year.
Pending for more than 1 year(claims amount)	Decimal	Text box	Enter the claims amount, 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.

Field Details	Data Type	Field Object	Values
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

Field Details	Data Type	Field Object	Values
			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.

Form M- Reinsurance Balances Outstanding:

The below table provides guidelines for Data Submission of Form M Returns (Annual Returns).

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
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

Field Details	Data Type	Field Object	Values
			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

Field Details	Data Type	Field Object	Values
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.

Field Details	Data Type	Field Object	Values

Cash Flow Statement for Insurance Brokers:

The below table provides guidelines for Data Submission of Cash Flow Statement Returns (Annual Returns).

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.

Field Details	Data Type	Field Object	Values
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	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.

Field Details	Data Type	Field Object	Values
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	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	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 Equivalent	Decimal	Disabled Text Box	Derived field by system and calculates the net increase or decrease in cash.

Field Details	Data Type	Field Object	Values
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

Form N- Security screening proceedings for reinsurance broking:

The below table provides guidelines for Data Submission of Form N Returns (Annual Returns).

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	Text box	Submission due date would be auto populated as the form is opened.
Please state the security screening procedures adopted in the brokers office and the person responsible to approve the securities to be used by the broker	Varchar	Text box	Enter the security screening procedures adopted in your office and the person responsible to approve the securities.
Whether the broker obtains and reviews the annual accounts of	Varchar	Combo Box	If you obtain and review the annual accounts of

Field Details	Data Type	Field Object	Values
reinsurers used by it			reinsurers enter 'Yes' else enter 'No'.
(If answered 'Yes' for previous column) Who within the organization is responsible for this function?	Varchar	Text box	Enter who within your organization is responsible for obtaining and reviewing the annual accounts of reinsurers.
Procedure followed by the broker to keep abreast of developments in the international markets:	Varchar	Text box	Enter Procedure followed by you to keep abreast of developments in the international markets

Financial Statement for each insurance broker- Profit and Loss Statement:

The below table provides guidelines for Data Submission of Financial Statement- Profit and Loss Returns (Annual Returns).

Field Details	Data Type	Field Object	Values
---------------	-----------	--------------	--------

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

Field Details	Data Type	Field Object	Values
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
Directors Fees and Other Remuneration	Decimal	Text Box	Enter the directors 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

Field Details	Data Type	Field Object	Values
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.

Field Details	Data Type	Field Object	Values
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

Field Details	Data Type	Field Object	Values
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

Balance Sheet of Insurance Brokers:

The below table provides guidelines for Data Submission of Balance Sheet Returns (Annual Returns).

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
Sources of Fund			
Authorized	Decimal	Text Box	Enter Authorized capital amount
Subscribed	Decimal	Text Box	Enter Subscribed capital amount
Called Up	Decimal	Text Box	Enter Called Up capital amount
(Less Calls Unpaid)	Decimal	Text Box	Enter (Less Calls Unpaid) capital amount
(Add Shares Forfeited)	Decimal	Text Box	Enter (Add Shares Forfeited) capital amount
(Less Par Value of Shares Bought Back)	Decimal	Text Box	Enter (Less Par Value of Shares Bought Back)

Field Details	Data Type	Field Object	Values
			capital amount.
Less Preliminary Expenses	Decimal	Text Box	Enter Less Preliminary Expenses amount.
Total (F)	Decimal	Disabled Text Box	Derived field by system, by adding all the amounts in this column.
Reserves and Surplus	Decimal	Text Box	Enter Reserves and Surplus amount.
Sub Total	Decimal	Disabled Text Box	Derived field by system, by adding all the amounts in this column
Borrowings	Decimal	Text Box	Enter Borrowing amount
Name of borrower	VarChar	Text Box	Enter the name of borrower
Amount Borrowed	Decimal	Text Box	Enter the amount Borrowed
Amount Outstanding as on 31st March	Decimal	Text Box	Enter the amount Outstanding as on 31st March
Current Liabilities and Provisions	Decimal	Text Box	Enter Current Liabilities and Provisions amount.
Total (A)	Decimal	Disabled Text Box	Derived field by system, by adding all the amounts in this column.
Application of Funds			
Regulation 22 Deposit	Decimal	Text Box	Enter Regulation 22 Deposit amount
Investment			
Government Securities	Decimal	Text Box	Enter Government Securities (investment)

Field Details	Data Type	Field Object	Values
			amount
Other Approved Securities	Decimal	Text Box	Enter Other Approved Securities (investment) amount
Approved Investment			
Shares	Decimal	Text Box	Enter Shares (approved investment) amount.
Debentures	Decimal	Text Box	Enter Debentures (approved investment) amount.
Bank Deposits	Decimal	Text Box	Enter Bank Deposits (approved investment) amount.
Others	Decimal	Text Box	Enter Others (approved investment) amount.
Loans	Decimal	Text Box	Enter Loans amount.
Name of institution/Individual	VarChar	Text Box	Enter Name of institution/Individual for Loan.
Purpose of loan	VarChar	Text Box	Enter the purpose for loan.
Amount of loan	Decimal	Text Box	Enter the Amount of loan.
Amount Outstanding as on 31st March	Decimal	Text Box	Enter Amount Outstanding as on 31st March value for loans.
To Shareholders, Directors, Officers	Decimal	Text Box	Enter Shareholders, Directors, Officers

Field Details	Data Type	Field Object	Values
			(approved investment) amount.
To Others-Secured Loan	Decimal	Text Box	Enter Others-Secured Loan (approved investment) amount.
To Others-Unsecured	Decimal	Text Box	Enter Others-Unsecured (approved investment) amount.
Fixed Assets	Decimal	Text Box	Enter Fixed Assets (approved investment) amount.
Current Assets	Decimal	Text Box	Enter Current Assets (approved investment) amount.
Debit Balance in Profit and Loss A	Decimal	Text Box	Enter Debit Balance in Profit and Loss A (approved investment) amount.
Total (B)	Decimal	Disabled Text Box	Derived field by system, by adding all the amounts in this column.
Contingent Liabilities	Decimal	Text Box	Enter Contingent Liabilities amount.
Details of contingent liabilities	VarChar	Text Box	Enter the Details of contingent liabilities.
Major Remarks/Observation of Auditor Report requiring rectification of any deficiencies	VarChar	Text Box	Enter the remarks/ observation of Auditor Report requiring rectification of any deficiencies.
Particulars			

Field Details	Data Type	Field Object	Values
Serial No.	Numeric	Text Box	The value entered here would be serial no.
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

Form D- Audit Arrangements for an Insurance Broker:

The below table provides guidelines for Data Submission of Form D Returns (Annual Returns).

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

Field Details	Data Type	Field Object	Values
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:

The below table provides guidelines for Data Submission of Form J Returns (Annual Returns).

Field Details	Data Type	Field Object	Values
---------------	-----------	--------------	--------

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'

Field Details	Data Type	Field Object	Values
			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

Form T- Details of Group companies for an Insurance Broker:

The below table provides guidelines for Data Submission of Form T Returns (Annual Returns) .

Field Details	Data Type	Field Object	Values
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/ Director	Varchar	Text box	Enter the nature of interest of Promoter/ Director 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

Field Details	Data Type	Field Object	Values
			company.
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/ Director	Varchar	Text box	Enter the nature of interest of Promoter/ Director 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.

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

The below table provides guidelines for Data Submission of Form H Returns (Annual Returns).

Field Details	Data Type	Field Object	Values
---------------	-----------	--------------	--------

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.

Field Details	Data Type	Field Object	Values
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.

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

The below table provides guidelines for Data Submission of Form K Returns (Annual Returns).

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.

Field Details	Data Type	Field Object	Values
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).
Sums Insured: Per Event (AOA)	Decimal	Text Box	Enter the Sums Insured: Per Event (AOA).
Sums Insured: In Aggregate for the Policy Period (AOY)	Decimal	Text Box	Enter the Sums Insured: 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.

Field Details	Data Type	Field Object	Values
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 Q- Financial data for Insurance Brokers:

The below table provides guidelines for Data Submission of Form Q Returns (Half Yearly Returns).

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	Decimal	Text Box	Enter the amount for

Field Details	Data Type	Field Object	Values
remuneration			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	Varchar	Text Box	Enter the remarks

Field Details	Data Type	Field Object	Values
Statutory Auditor (if Any))			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.

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.

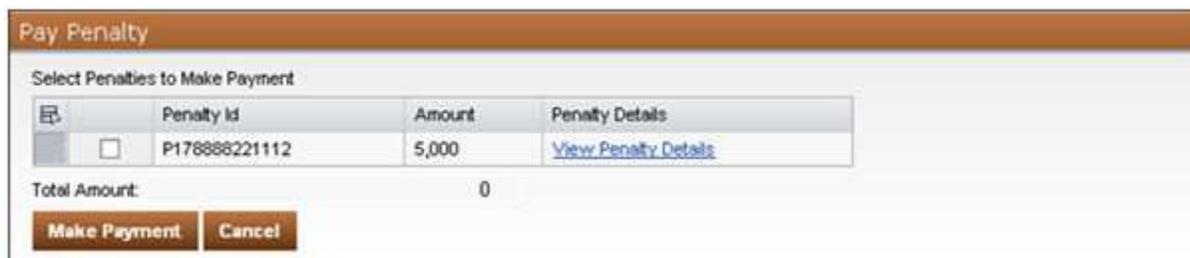


Figure 148: Pay Penalty Screen

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 149: 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.

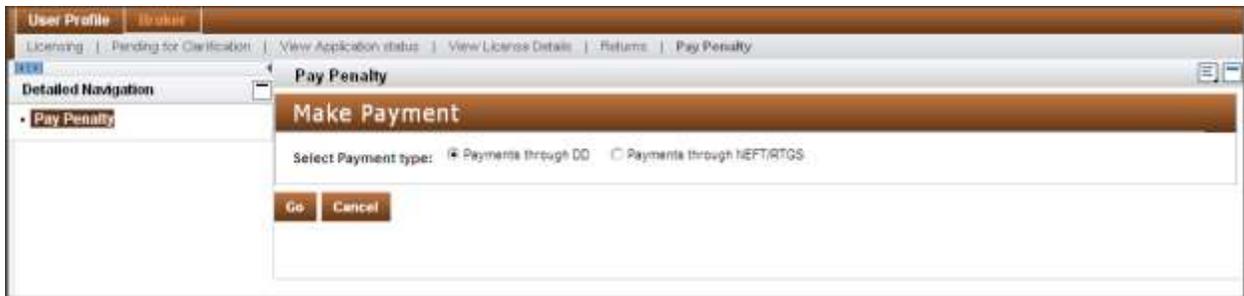


Figure 150: Make Payment Screen

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 151: 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 created the demand draft.
Amount of Instrument (Rs.)	Enter the amount of the demand draft.
Instrument Date	Select the date when you drew 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 152: 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**.

Error Handling

The below table provides a list of Error messages displayed during invalid/wrong submission of details in New License, Duplicate License, Renewal license, Changes in Licensing Category, Returns applications.

Application	Scenario	Message	Type
New License/Change in License Category	Data not entered in Input fields	Field is Mandatory	Input field
	Pin code	Please enter proper pin code value	Input field
	Date Selection	Cannot be a date from future	Date/Calendar field
	Date Selection	Date cannot be Past or Present Date	Date/Calendar field
	Add director details	Enter at least two director details	Table data
	File not uploaded	Upload file for xyz	File Upload
	Add shareholder details with foreign holding exceeding 26%	Total foreign holding paid up capital cannot exceed 26%	Table Data
	Paid up capital for Organization's Capital structure not matching business rule(minimum capital required for Broker category)	Paid up capital cannot be less than xyz (amount)	Input field
	If following condition is not satisfied "Authorized capital>Issue capital>Paid up capital" for	Capital amount <xyz> cannot be less than or equal to <abc> for given year	Input field

	Capital structure		
	Fixed Deposit Details If FD amount entered is not proper	FD amount should be minimum 20% of paid up capital	Input field
	Uploading files	file should be of type .PDF or .DOC	File upload
	Uploading files	File size exceeded	File upload
	Date selection	From Date cannot be after To Date	Date/Calendar field
	Date selection	Date of processing cannot be future date	Date/Calendar field
Renewal license	Data not entered in input fields	Field is mandatory	Input field
	Paid up capital for Organization's Capital structure not matching business rule(minimum capital required for Broker category)	Paid up capital cannot be less than xyz (amount)	Input field
	If following condition is not satisfied "Authorized capital>Issue capital>Paid up capital" for Capital structure	If following condition is not satisfied "Authorized capital>Issue capital>Paid up capital" for Capital structure	Input field
	Uploading document	file size is greater than 3 MB , please upload a file less than 3 MB	File upload
	File not uploaded	Upload file for xyz	File upload
	Data not entered in Input fields	Field is mandatory	Input field

	Uploading files	file should be of type .PDF or .DOC	File Upload
Duplicate License	Data not entered in Input fields	Field is Mandatory	Input field
	Uploading files	file should be of type .JPEG or .GIF	File Upload
	Uploading documents	file size is greater than 3 MB , please upload a file less than 3 MB	File Upload
	Data not selected from the dropdown	Field is Mandatory	Drop Down By Key
	Input fields left blank	Field is Mandatory	Input field
	User Selects Future date	Date should not be greater than the present date	Date/Calendar
	User is not able to enter more characters in the input field	No error Message will be displayed	Input field
	User tries to upload without specifying the file path	Please browse and select a file to upload	File Upload
	User tries to upload without specifying the attachment details	Please provide Attachment Details	Input field
	Mandatory fields not entered	Field is Mandatory.	Input field
	Data other than numeric values entered for numeric input fields	Enter a numeric value instead of ""	Input field
	Clicking on View/Print	No Submitted Returns Found	NA

Returns	Submitted forms, Edit Submitted forms when no submitted returns exist for that period	For This Period	
	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
	Click on Upload form button->do not select a document->click on upload	Please check the data entered.	File Upload

Frequently Asked Questions

1) What happens if my Master ID (Corporate Broker) is deleted?

If your account 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 successful updations, 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 to unlock the Account.

4) Can I create any number of Sub IDs (Directors and Employees) for my organization?

No, you can create maximum of 3 Sub IDs: 2 Directors, 1 Employee Sub ID. To Create New Sub IDs, one of these IDs must be deleted. ([Description of Menu Tabs](#))

5) What is difference between Broker Director and employee roles?

Broker Director and employee are the Sub IDs created by Corporate Broker.

- A **Broker Director** 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.
- **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) How do I update Organization address & Name?

You can update various details of Organization addresses, Name, Miscellaneous Details using Changes during Licensing period. ([Changes during Licensing Period](#))

7) What is the difference between View submitted forms and View application status?

View Submitted forms button is used only to view the already submitted Returns & applications (New, Duplicate, and Renewal).

View Application Status shows various Application statuses for the applications. ([View Application Status](#))

8) What is the difference between View Application Status and View License Details?

View Application Status is used to view Approved, Pending and Closed Applications. ([View Application Status](#))

View License Details displays various details of License No., Category, and Status. ([View License Details](#))

9) How can I Submit additional Documents, when more Clarifications are asked by IRDA?

You can submit additional information and documents through “Pending for Clarification”. ([Pending for Clarification](#))

10) What options are available to make Payment?

You can Make Payment by two means. They are: Demand Draft, NEFT/RTGS Details options. You can use Credit card, Debit Card for making these payments. ([Pay Annual Fees](#))

11) How would Brokers receive acknowledgement regarding their applications and returns?

An Email Notification will be sent to you on Submission of Applications and Returns.

You will also receive notifications and Emails on approval, issuance of Licenses, Pending for clarification or on Delay in submission of any application.

12) How can I track my Payment details for Penalty?

Use Pay Penalty to make payment for Penalty. ([Pay Penalty](#))

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.

Indemnity Insurance

An insurance policy that aims to protect business owners and employees when they are found to be at fault for a specific event such as misjudgment

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**

Non-life (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 general credit rather than by specified assets

F**FDI**

Foreign direct investment; 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 refers to the amount owed.

P**Premium**

An amount to be paid for an insurance policy

Policies

A contract on Insurance

Pending clarification

Applicants need to provide clarifications and attach additional documents as required by IRDA during application processing.

R**Reinsurance**

Reinsurance is insurance that is purchased by an insurance company (the "ceding company" or "cedent" 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 (US English)^[1] 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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