## FORM-IRDA-17 AF Reg [3(2)(C)]

## APPLICATION FORMAT FOR GRANT OF MODIFIED LICENSE INDIVIDUAL SURVEYOR

Important Instructions:

Any change in the information submitted to the authority must be informed to the authority within 15 days from date of the change, attach copies of documents as proof

o Name

Name of Firm/Company (*wherever applicable*)...... Remarks

- SLANO...... Expiry date..... Membership ID No..... level of Membership.....
- Present Address :

Change in Licensee Name

• Incorporation of Sole Proprietary firm's Name :

Name of Firm : ..... Remarks:....

## • Grant of Additional Departments :

Depts	Fire	Marine cargo	Marine Hull	Engg	Motor	Misc	Crop Insurance	LOP
Select								

• Swapping of Departments :

Select	Current	Selcet New Department	License catogary(As per
	Department		categorization)

*Remarks:* ...... (should we delete this as we are removing the restriction in departments)

- Correction in the license already issued (where there is a typrographical error in the license issued):
- Change in level of Membership allotted by the Institute

• Change in Personal information :

Phone No.(Res) ..... Phone No. (Office): ..... Mobile No. .... e-mail: .... Alternate e-mail: .... Remarks: ....

Signature of the applicant Place.... Date.....