



# Life Underwriters Guild of India



## Certificate in Insurance Planning.

### Enrolment Form

**PERSONAL PARTICULARS** (Please Complete in BLOCK CAPITALS)

Full Name (underline Surname)

Father's / Husband's Name

Nationality

Date of Birth

Sex (Tick)

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Affix Photo and Sign

Address for Communication

Telephone with code

Off:	<input type="text"/>
Res:	<input type="text"/>

Mobile:	<input type="text"/>
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E-mail ID – Personal

**EMPLOYMENT PARTICULARS**

Name of the Company

Designation

Address

Telephone with code

Off:	<input type="text"/>
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Mobile:	<input type="text"/>
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E-mail ID – Official

Years in the business

### EDUCATION & QUALIFICATION DETAILS

Qualification

PG

Degree / Diploma

Others

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**Any other information you would like to share:**

### PAYMENT PARTICULARS

On Enrolment Rs. 7540/-      DD / Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_ drawn on \_\_\_\_

**Document Enclosed**  DD / Cheque favoring, "LUGI – FChFP A/C", PAYABLE at Coimbatore.

**You may effect the NEFT payments to the following account :**

Bank Detail for remittance of CIP fee.

Account Name:      **Life Underwriters Guild of India - FChFP A/c**

Account Number:    **04861110000247** (15 Digits)

Name of the Bank:   **Andhra Bank**

Banks Branch:      **Ramnagar, Coimbatore.**

Banks IFSC Code:   **ANDB0000486** (11 Digits )

#### Documents Required along with this form:

1. DD / Cheque favoring, 'LUGI – FChFP A/C', PAYABLE at Coimbatore. (Or) UTR No. of Bank Transfer
2. Passport size Photograph, in formal dress code, in soft copy (JPEG / PNG) format by mail.
3. Proof of PAN card

**DECLARATION:**    I hereby declare that I have read and understood the objectives and outline of the course.  
I further declare that the above particulars and information's are true and correct.

Date \_\_\_\_\_      Name: \_\_\_\_\_      Signature \_\_\_\_\_

#### Terms & Conditions:

- Course Fees are non-refundable and non-transferable.
- LUGI membership is mandatory
- LUGI reserves the right to vary to make any changes to the specified information herein or with regard to the program in general at any time. LUGI's decision is final.

Date \_\_\_\_\_      Name: \_\_\_\_\_      Signature \_\_\_\_\_

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For office use: