



# LIFE UNDERWRITERS GUILD OF INDIA

“Aseervadh”, 26, Tatabad 2<sup>nd</sup> Street, Coimbatore - 641 012 T.N. INDIA

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Serial No. \_\_\_\_\_

Date \_DD/MM/YYYY\_

## Application for Life Membership

To,  
The Secretary,  
Life Underwriters Guild of India  
26, “Aseervadh”, Tatabad 2<sup>nd</sup> Street  
Coimbatore -641 012.T.N

Photo. PP size.  
Formal dress code.  
White background.  
Soft copy by mail.

Sir,  
I am desirous of becoming a member of the Life Underwriters Guild of India. I give below the particulars

1. Name : \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_
3. Full Address : \_\_\_\_\_

City \_\_\_\_\_ Pin code \_\_\_\_\_ State \_\_\_\_\_

Tel (Off) \_\_\_\_\_ Res: \_\_\_\_\_

Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Email I.D. \_\_\_\_\_ Web \_\_\_\_\_

1. Name of the Insurance Company & Designation : \_\_\_\_\_
2. Date of Joining the present insurance Company : \_\_\_\_\_
3. A. Branch or Territory in which attached : \_\_\_\_\_  
B. Name of the Division (LIC Members only) : \_\_\_\_\_  
C. Name of the Zone (LIC Members only) : \_\_\_\_\_

4. A. If an Agent, whether Working under :  Direct  CLIA  
 Development Officer  Agency Manager
- B. Name of DO/ CLIA/ Agency Manager : \_\_\_\_\_ Code No. \_\_\_\_\_
5. If Agent, Whether Full time or Part time : \_\_\_\_\_
6. If Agent, the details of Club Membership or  
Any other recognition by the Company : \_\_\_\_\_
7. A. Whether a member of the MDRT during the  
Previous calendar year : \_\_\_\_\_
- B If so, is it under condition "A" (Commission basis)  
Or Condition "B" (Direct income basis) : \_\_\_\_\_
- C. Have you paid the MDRT subscription for the  
Current year for your membership to MDRT? : \_\_\_\_\_
- D. If yes, MDRT Membership No. : \_\_\_\_\_
8. Whether a member of any other Insurance / Professional  
Organization? If so, provide details : \_\_\_\_\_
9. If you are a Development Officer / Agency Manager/  
CLIA, please Provide the Following details.
- A. Whether you are authorized to do Agency  
Work by your Company : \_\_\_\_\_
- B. Code No. allotted by your Company, if any : \_\_\_\_\_
- C. Number of agents working under your unit : \_\_\_\_\_
10. LUGI – LEAP Awards: Year: : Qualified for – Presidents' Club / CEOs' Club / Members' Club
11. Name of the Executive Committee Member / Member  
Recommends your Life Membership : \_\_\_\_\_
12. I agree to pay the Life Membership fee : Rs.15, 000/- (Inclusive of ST @ 14.5%)

Payment options:

Optin1. Cheque /DD mode:

I am enclosing Cash / Demand Draft / Cheque No. \_\_\_\_\_ dated \_\_\_\_\_

Drawn on \_\_\_\_\_ for Rs. \_\_\_\_\_

In favour of "Life Underwriters Guild of India – Subscription A/c." Payable at Coimbatore.

If payments are made thru' Outstation cheque: plz. Add Rs.100/- towards Bank charges.

Option 2: Direct Remittance Mode:

Scan copy of cash deposit Challen at \_\_\_\_\_ Branch of Andhra Bank on \_\_\_\_\_,

Option3: NEFT / RTGS Mode:

Bank transfer by NEFT / RTGS UTR reference no. \_\_\_\_\_ on \_\_\_\_\_ to the account details given below as follows:-

**Our Bank Detail for remittance of registration fee.**

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

Account Number : 048611100000238 (15 Digits)

Name of the Bank: Andhra Bank

Banks Branch : Ramnagar, Coimbatore.T.N.

Banks IFSC Code : ANDB0000486 (11 Digits)

The payment effected through: Plz. tick the option you had made: Option 1 or 2 or 3.

I hereby declare that the particulars given above are true to the best of my knowledge and belief and I hereby agree to abide by the rules and regulation of Life Underwriters Guild of India.

City: \_\_\_\_\_ Date: \_\_\_\_\_

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

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For office use only: payment confirmation: by:.....Date.....

Placed to the approval authority / committee:.....

Status: .....wef:.....