



LIFE UNDERWRITERS GUILD OF INDIA

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

Tel: +91422 4374962 Fax: +91422 2492708 e-mail: info@lugi.org Website: www.lugi.org

Serial No. _____

Date _DD/MM/YYYY_

Application for New Member.

To,
The Secretary,
Life Underwriters Guild of India
26, “Aseervadh”, Tatabad 2nd 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. Any Awards you had Qualified for ? : Year: : _____
11. Name of the Executive Committee Member / Member
Recommends your Membership : _____

12. I agree to pay the Membership fee as below :

Subscription for the year:	Rs.1000.00
Admission Fee (For New member only)	Rs. 300.00
Service Tax @ 14.5 %	Rs. 189.00
Total	Rs.1489.00

Payment options:

Optin1. Cheque /DD mode:

I am enclosing Cash / Demand Draft / Cheque No. _____ dated _____
Drawn on _____ for Rs. _____

In favor 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 LUGI - Life Underwriters Guild of India.

City: _____ Date: _____

Name: _____ Signature: _____

For office use only: payment confirmation: by:.....Date.....
Placed to the approval authority / committee:.....
Status:wef:.....