

LEAP AWARD - DECLARATION FORM

From :

Date :

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Mobile No.: _____

To

The Chief Executive Officer,
Life Underwriters Guild of India,
Aseervadh, No.26, Tatabad 2nd Street
Coimbatore – 641 012.

Dear Sir,

Sub : Leap Award – 2017

I am eligible for Leap Award 2017. (Fresh Commission Basis / Total Income Basis)

My subscription position is up to date.

I am enclosing herewith the following :-

1. Fresh Commission Basis :

Form 16A issued by the Insurance Company indicating clearly the quantum of first year Life Insurance Commission and Bonus Commission / Medical Insurance commission / Personal Accident Insurance Commission earned for the period 01.04.2016 to 31.03.2017.

(or)

A Certificate issued by Insurance Company indicating clearly the quantum of first year Life Insurance Commission and Bonus Commission / Medical Insurance commission / Personal Accident Insurance Commission earned for the period 01.04.2016 to 31.03.2017 duly signed by the competent authority.

P.T.O....

2. Total Income Basis :

Photocopies of Form 16A issued by respective Insurance Companies – Life, General, Health & Housing Finance Companies & income statement from mutual funds for the period 01-04-2016 to 31-03-2017.

(or)

Photocopies of total income computed in the IT Saral statement (which includes income from mutual fund) for the period 01-04-2016 to 31-03-2017

I hereby declare that the information provided is correct and the competent authority has signed the relevant Certificates.

Please include my name for the Leap Award – 2017.

Thanking You,
Yours sincerely,

(Mobile No.:)

(LUGI Membership No. :)

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