

LEAP AWARD 2016 - DECLARATION FORM

From:

Date (DD/MM/YYYY):

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Mobile No.: +91-

To

The Chief Executive Officer,
Life Underwriters Guild of India,
Aseervadh, No.26, Tatabad 2nd Street
Coimbatore – 641012.T.N.

Dear Sir,

Sub: Leap Award – 2016. Ref : LUGI Membership No. _____

I am eligible for Leap Award 2016. Members' Club / CEO's Club / President's Club.

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 01.04.2015 to 31.03.2016.

(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 01.04.2013 to 31.03.2014 duly signed by the competent authority.

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 01-04-2015 to 31-03-2016.

Photocopies of total income computed in the IT Saral statement (which includes income from mutual fund) for the period 01-04-2015 to 31-03-2016



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 – 2016.

Thank You,
Yours sincerely,

Mobile No.: +91-

LUGI Membership No. : _____

Name:

- Encl: 1
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- 8