

ALL FIELDS MARKED (*) ARE MANDATORY



AGENT APPLICATION FORM (INDIVIDUAL)

Please complete the form in block letters. All information given in this application will be treated as strictly confidential.

*Name:.....*CID No.....*Gender:.....
*DOB (dd/mm/yyyy)...../...../.....*Marital Status.....
*Mobile No.+975-.....*Email ID.....
Occupation.....Qualification.....
*Date of Appointment

*Appointment Branch.....
***TPN No**.....
*Bank Account No.....Bank Name.....

***AGENT CODE**

Life code.....
Annuity Code.....
General Code.....

***PRESENT ADDRESS**

.....
.....
.....

***PERMANENT ADDRESS**

Village.....
Geog/Throm.....
Dzongkhag.....
P.O Box No.....

*** EMPLOYMENT INFORMATION:**

Name of Current /Past Employer:	
Duration Years of Service:	
Name of Supervisor:	
Reason for leaving:	

OTHERDETAILS

Do you wish to take up this profession as a full-time career? (Yes/No)	
Do you work as an agent for any other Insurance Companies? (Yes/No)	
Are you selected and appointed as an agent of RICB before? (Yes/No)	
What is the current state of mental and physical health?	

PLEASE GIVE DETAILS OF TWO PROFESSIONAL REFEREES:

REFEREE 1:

Name:.....CID No.....

Contact Number:.....

Present Address:.....

DOCUMENTS TO BE ATTACHED:

- *Citizenship ID Card copy*
- *Academic Certificate*
- *Security Clearance Certificate*
- *2 Passport sized Photographs*
- *CID Copy of Guarantor*

DECLARATION: I hereby declare that all information given in this application is true and best to my knowledge. Should this declaration be false in any respect, the Company shall be at liberty to take any legal action if necessary.

***(SIGNATURE OF APPLICANT)**

Name:.....

Date:.....

Place:.....