

## Schedule II

### Application Forms and Licensing formats

#### FORM - IRDA - 1 - AF

[See Regulation 3(1)]

#### APPLICATION FOR A LICENCE TO ACT AS SURVEYOR AND LOSS ASSESSOR (INDIVIDUAL)

**Application for Fresh License is accepted online only on [www.irdabap.org.in](http://www.irdabap.org.in)  
Applicant is required to enroll online for training and qualify professional exams before  
applying for fresh license. For enrolment go to [www.irdabap.org.in](http://www.irdabap.org.in)**

#### Checklist

Please ensure the following:

- 1) To enclose a copy of the Student Membership Certificate issued by the *IIISLA* (**mandatory**) "details are available on [www.iiisla.co.in](http://www.iiisla.co.in)"
- 1) To make online payment of fees ( as mentioned in the Regulations) through " NET BANKING /DEMAND DRAFT/NEFT/RTGS" during application submission.
- 2) Have scanned copies ready of Degree/ Diploma attested by Notary/ Magistrate.
- 3) To attach scanned copy of affidavit duly Notarized against S.No. 2 of the application form.
- 4) To enclose attested and scanned documents in response to Q. No.'s 4, 8, 9, 10 & 11. The answers to which are a must.
- 5) To attach a recent scanned copy of passport size photograph along with the application form.
- 6) Send physical copies of application, uploaded documents and self addressed envelope of 4.5"X10 with Rs.40 postage stamp to IRDA. These are mandatory for grant of license.
- 7) To attach Fit and Proper statement as mentioned in Regulation 3 in prescribed format.

Notes: Read with Regulation 3

1. The attention of the applicant is drawn to Section 102 of the Insurance Act 1938, which provides that whoever in any document required for the purpose of any of the provisions of the Act, rules or regulations made thereunder, fails to furnish the same shall be liable to a penalty not exceeding Rs. 5 lakhs for each such failure and punishable with fine.

2. An individual can apply for only one licence, which will entitle him to act as a Surveyor and Loss Assessor for any insurer.
3. Any correction or alteration made in answer to the questions in the application should be initiated by the applicant.
4. An applicant must be atleast 18 (eighteen) years of age on the date of submission of the application. In the case of any applicant declaring him at is 18 years the exact date of birth of falling in the year or birth should be stated against item 4 of the application. If require the applicant shall furnish proof age.
5. A notification will be sent to the applicant on successful submission of the application form.
6. Any change in the information submitted to the authority must be informed to the authority within 15 days from date of the change.
7. As the licence is issued bilingual viz. Hindi and English, the applicant may like to indicate how he spells his name in Hindi. It is, therefore, advised that the name and address may be written.

1. I student member of the Institute, request that a license to act as a Surveyor and Loss Assessor may be granted to me for the following class/department

| Dept        | Fire | Marine cargo | Marine Hull | Engg | Motor | Misc | Crop Insurance | LOP |
|-------------|------|--------------|-------------|------|-------|------|----------------|-----|
| Please tick |      |              |             |      |       |      |                |     |

Student Membership Details... ( to upload soft copy of the Membership Certificate and ID card issued by the Institute)

2. I hereby declare that
  - i) I have not been found to be of unsound mind by a Court of competent jurisdiction.
  - ii) I have not been found guilty of criminal misappropriation or criminal breach of trust or cheating or forgery or of abetment or attempt to commit any such offence by a Court of Competent Jurisdiction.
  - iii) I have not been found guilty of or to have knowingly participated in or connived at any fraud/dishonesty or misrepresentation against an insurer or an insured in the

course of any judicial proceeding relating to any policy of insurance or the winding up of an insurance company.

- iv) I shall not violate the code of conduct specified by the regulations made by the Authority.
- v) I possess the requisite qualifications and practical training as specified by the regulations made by the Authority.
- vi) I have passed such examination as specified by the regulations made by the Authority.

3. I also declare that the particulars given below are true:

a. Full Name (Shri/Smt/Kum)[in English & Hindi] .....

b. Father/Husband's Name .....

c. Present address [in English & Hindi]

Address1 .....

Address2 .....

Address3 .....

City/Town/Village .....

District .....

State .....

Country .....

Pincode .....

d. Permanent address

Address1 .....

Address2 .....

Address3 .....

City/Town/Village .....

District .....

State .....

Country .....

Pincode .....

4. Qualification

a) Academic / Professional .....

b) Insurance .....

c) Training Attended .....  
(Nature – Duration for all of the above)

5. Communication

| Phone Office | Phone Res. | Fax | Mobile | Email ID | Alternate Email ID |
|--------------|------------|-----|--------|----------|--------------------|
|              |            |     |        |          |                    |

6. Date of Birth .....

7. Sole Proprietor (Name if applicable) .....

8. Practical Training Details (Please enclose the Training Completion Certificate obtained from the surveyor/ survey firm)

| Name of the Surveyor/Surveyors' Firm | Departments allocated to surveyors/ Surveyor Firm | Level of Membership allotted to the Surveyor/ Survey Firm | Period of training undergone (Please mention dates) | Name of person(s) under whom training undertaken | Areas Covered | Result |
|--------------------------------------|---|---|---|--|---------------|--------|
|                                      |   |   |   |  |               |        |

9. Experience Details:

- a) Whether the applicant was employed with any insurance company:
- b) Job Experience in previous employment other than insurance surveyor, if any:
- c) Details of other business/ employment:

10. Occupation status:

☐ Student ☐ Professional ☐ Business ☐ Employee ☐ Service ☐ Housewife ☐ Others  
.....

11. Employment details:( In chronological order of employment).

- a) Whether applicant is currently employed? Yes/No .....
- b) If yes, provide details below and also attach scanned copy of NOC from employer

| Name of Employer | Nature of Organization | Nature of Work | Period of employment |         |
|------------------|------------------------|----------------|----------------------|---------|
|                  |                        |                | From Date            | To Date |

|  |   |                                    |  |  |
|--|---|------------------------------------|--|--|
|  | (Govt./Semi-govt/Private Firm, insurance company, surveyor firm, PSU, others) | (Insurance survey related, Others) |  |  |
|--|---|------------------------------------|--|--|

c) Details of any other business/profession carried out:

| Name of Firm | Designation | Nature of Business |
|--------------|-------------|--------------------|
|              |             |                    |

12. Have you ever held a license to act as a surveyor and loss assessor?

If Yes, please provide details:

License No. ....

Date Of Issue ....

Expiry Date ....

13. Fee Payment: NET BANKING/DEMAND DRAFT

**Fee applicable for Fresh License:** Rs.1000/- plus applicable service tax as prescribed by Central Government from time to time.

14. Declaration:

I solemnly declare and confirm that the particulars given above are true to the best of my knowledge and belief.

Signature of Applicant.....

FORM - IRDA - 2 LF

[See Regulation 3(3)]

Not Transferable

INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY

LICENCE NO. ....

LICENCE TO ACT AS A SURVEYOR AND LOSS ASSESSOR UNDER THE INSURANCE ACT, 1938

(Individual)

Mr./ Mrs./ Miss.....

Address House No.....Street.....

Town/ District ..... State.....Pincode.....

\* working as sole proprietor of .....*having Membership no ..... of the Institute* and having paid the specified fee and having made the necessary declaration is hereby authorised under Section 64-UM of the Insurance Act, 1938 to act as surveyor and loss assessor for a period of three years from .....

This Licence will expire on DD-MM-YYYY

Name ..... is allocated the following departments and category:

| Dept                       | Fire | Marine cargo | Marine Hull | Engg | Motor | Misc | Crop Insurance | LOP |
|----------------------------|------|--------------|-------------|------|-------|------|----------------|-----|
| <i>Level of Membership</i> |      |              |             |      |       |      |                |     |

Hyderabad, dated the DD-MM-YYYY

Signature of License Holder.....

.....

Designated  
Person

Insurance Regulatory and Development Authority

Notes:

1. If it is desired to renew this license for a further period, the procedure stated in the Regulations shall be followed, and an application for renewal should reach the Authority at least thirty days before the license expires.
2. This license authorizes the license holder to act as a surveyor and loss assessor for any registered insurer and therefore, no identifying mark or note of any description by which the identity of an insurer might be established should be placed on the license.

3. No correction in this license shall be valid unless initialed by the Designated Person of the Authority.

FORM - IRDA - 3 - AF  
[See Regulation 4]

APPLICATION FROM A FIRM OR COMPANY FOR A LICENCE TO ACT AS A  
SURVEYOR AND LOSS ASSESSOR

**Application for fresh corporate license is accepted online only on [www.irdabap.org.in](http://www.irdabap.org.in)**

Checklist

Please ensure the following:

1. To enclose a copy of the Membership certificate of directors/partners issued by the IIISLA (**mandatory**) “details are available on [www.iiisla.co.in](http://www.iiisla.co.in)” .
2. To make online payment of fees (as mentioned in the regulations) through “Net Banking” during application submission.
3. Have scanned copies ready of Degree/ Diploma /Technical qualifications attested by Notary/ Magistrate only.
4. To attach scanned copy of affidavit duly Notarized against S.No. 2 of the application form.
5. Attach attested and scanned copies of documents wherever required.
6. Send Self addressed envelop 4.5”X10” with Rs.40 postage stamp to IRDA.
7. To attach Fit and Proper statement as mentioned in Regulation 3 in prescribed format.

Notes: Read with Regulation 4

1. The attention of the applicant is drawn to Section 102 of the Insurance Act 1938, which provides that whoever in any document required for the purpose of any of the provisions of the Act, rules or regulations made there under, fails to furnish the same, shall be liable to a penalty not exceeding Rs 5 lakhs for each such failure and punishable with fine.
2. A firm or company including group companies can apply for only one licence which will entitle it to act as a surveyor and loss assessor.
3. Any correction or alteration made in the application should be initialed by the applicant.
4. Name of the company should be suffixed by "Insurance Surveyor and Loss Assessor".

5. A licensed SLA cannot act/function as a Director/Partner of more than one company/firm.
  6. All directors shall possess surveyor license which shall be duly licensed and *be a member of the Institute.*
  7. The main object of the company/firm shall be to undertake survey, loss assessments and related jobs.
  8. Any changes in license details should be duly reported within 15 days to IRDA *for grant of modified license.* Affidavit should be provided on behalf of the firm.
  9. The fee to be applied depends on the *highest level of membership* of any of the Director/Partner of the company/Firm.
  10. An affidavit of Rs. 10/- duly notarized on non-judicial stamp paper is required to be scanned and attached for renewal of licenses in the form of a declaration as contained against Sl.No.6 of the application form.
  11. An email notification will be sent to the applicant on successful submission of the application form.
  12. Any change in the information submitted to the authority must be informed to the authority within 15 days from date of the change.
- It is requested that a license to act as a Surveyor and Loss Assessor may be granted to our Firm/ Company *for the following departments and level of membership allotted to our directors/partners under their individual surveyor license:*

| Dept   | Fire | Marine cargo | Marine Hull | Engg | Motor | Misc | Crop Insurance | LOP |
|--|------|--------------|-------------|------|-------|------|----------------|-----|
| <i>Name of director/partners, their individual License-Details &amp; level of Membership</i> |      |              |             |      |       |      |                |     |

- It is hereby declared that-
  - (i) No director/ partner of our Company/ Firm has been found to be of unsound mind by a Court of competent jurisdiction.
  - (ii) No director/ partner of our Company/ Firm has been found guilty of criminal misappropriation or criminal breach of trust, or cheating or forgery, or an abetment of or



attempt to commit any such offence by a Court of competent jurisdiction.

(iii) No director/ partner of our Company/ Firm has been found guilty of or to have knowingly participated in or connived at any fraud, dishonesty or misrepresentation against an insurer or an insured in the course of any judicial proceedings relating to any policy of insurance or the winding up of an insurance company or in the course of an investigation of the affairs of an insurers.

(iv) No director/ partner of our Company/ Firm is a minor.

(v) No director/ partner of our Company/ Firm shall violate the code of conduct specified by the regulations made by the Authority.

(vi) All director(s)/ partner(s) of our Company/ Firm possess the requisite qualifications and practical training as specified by the regulations made by the Authority.

(vii) All director(s)/ partner(s) persons of our Company/ Firm have passed such examination as specified by the regulations made by the Authority.

(The above declaration shall pre-populate in the online licensing process)

- It is also declared that the particulars given below are true.

1. Name of Firm/Company (In English & Hindi) .....

2. Address of Company/Firm (In English & Hindi) .....  
(Registered/Corporate Office) .....

3. Details of Branch Office/s (If any) .....  
.....  
.....

4. Details of Employees

| Licensed surveyors<br>employed in the<br>firm<br><i>License no &amp; Level<br/>of membership</i> | Designation | Employment Period |         | SLA<br>No. | Date of<br>Expiry |
|--|-------------|-------------------|---------|------------|-------------------|
|  |             | From Date         | To Date |            |                   |
|  |             |                   |         |            |                   |

It is also declared that the name of all the director/s & partner(s) with their addresses and their date of birth submitted:

- a) have been in practice as a surveyor/ loss assessor on the 31<sup>st</sup> May, 1970 or;
- b) hold a degree of a recognized university in any branch of engineering, or
- c) be a fellow or associate member of the Institute of Chartered Accountants of India or Institute of Cost and Works Accountants of India or

- d) possess actuarial qualifications or hold a degree or diploma of any Indian University or Institute in relation to insurance, or
- e) hold a diploma in insurance granted or recognized by the Government, or
- f) possess any of the technical qualifications mentioned in Rule 56A

(N.B. 1: In the case of each of the partners/directors claiming to come under item (a) above and not being eligible to come under any of the items (b) to (f) above, ~~a declaration as given in the Insurance Rules, 1939~~ and sworn before a Magistrate or Notary Public should be forwarded and in the case of each of the partners/Directors claiming to come under any one of the items (b) to (f) above, either the original diplomas/ certificates with one of the attested copy each, or copies of the original diplomas/ certificates duly attested by a Magistrate or Notary Public should be enclosed. Where original diplomas/ certificates are sent, they will be returned after perusal, but no responsibility can be accepted for loss or damage of such originals

5. Details of Directors (details to capture multiple directors is captured)

SLA No. ....

Membership details of Institute:

Membership/ ID card No .....

Date of Issue of ID card .....

Level of membership allotted .....

Date of Expiry .....

Name .....

Address .....

Departments allocated

| Dept                       | Fire | Marine cargo | Marine Hull | Engg | Motor | Misc | Crop Insurance | LOP |
|----------------------------|------|--------------|-------------|------|-------|------|----------------|-----|
| <i>Level of Membership</i> |      |              |             |      |       |      |                |     |

Last Employment details

| Name of Employer | Nature of Organization<br>(Govt./Semi-govt/Private Firm, insurance company, surveyor firm, PSU, others) | Nature of Work<br>(Insurance survey related, Others) | Period of employment |         |
|------------------|---|--|----------------------|---------|
|                  |   |  | From Date            | To Date |
|                  |   |  |                      |         |

N.B. : Where a director/ partner does not already hold an individual license then an application (in FORM NO. 1-AF - Application for New License) from such a person should also submitted.)

- Did the Firm/Company ever hold a license?  
If Yes, provide details below and upload copy of old license

SLA No. ....  
Date of Issue .....  
Date of expiry .....  
Reason for Non renewal .....

- Fee Payment: Net Banking /Demand Draft/NEFT/RTGS

***Fee applicable for Fresh License:*** Rs.1000/- plus applicable service tax as prescribed by Central Government from time to time.

**Declaration**

I solemnly declare and confirm that the particulars given above are true to the best of my knowledge and belief.

Signature of Applicant.....

FORM - IRDA - 4 LF

[See Regulation 4]

Not Transferable

INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY

LICENCE NO. ....

LICENCE TO ACT AS A SURVEYOR AND LOSS ASSESSOR UNDER THE INSURANCE  
ACT, 1938  
(CORPORATE)

*Name of the Company/Firm:* .....

*Registered Address:* .....

Having paid the specified fee and having made the necessary declaration is hereby authorized under Section 64-UM of the Insurance Act, 1938 to act as a surveyor/loss assessor for three years from DD-MM-YYYY.

This License will expire on DD-MM-YYYY.

*The following are the details of Directors / Partners along with departments and level of Membership allotted along with their individual license number:-*

|   | Name of Director/Partner | Fire | Marine cargo | Marine Hull | Engg | Motor | Misc | CROP INSURANCE | LOP |
|---|--------------------------|------|--------------|-------------|------|-------|------|----------------|-----|
| <i>License and Membership details of directors/partners</i> |                          |      |              |             |      |       |      |                |     |

Hyderabad, dated the DD-MM-YYYY

Name Of the directors/Partners

|                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|
| <div>Photo<br/>Director 1</div> | <div>Photo<br/>Director 2</div> | <div>Photo<br/>Director 3</div> |
| .....<br>Signature<br>Name      | .....<br>Name                   | .....<br>Name                   |

.....  
Seal of the Company/Firm

.....  
Designated Person  
Insurance Regulatory and Development Authority

INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY

Notes:

1. If it is desired to renew this license for a further period, the procedure stated in the Regulations shall be followed, and an application for renewal should reach the Authority at least thirty days before the license expires.

2. This license authorizes the license holder to act as a surveyor and loss assessor for any registered insurer and therefore, no identifying mark or note of any description by which the identity of an insurer might be established should be placed on the license.
3. No correction in this license shall be valid unless initialed by the Designated Person of the Authority.

FORM - IRDA - 5 AF  
[See Regulation 7(1)]  
APPLICATION FOR RENEWAL OF A LICENCE TO ACT AS SURVEYOR AND LOSS  
ASSESSOR (INDIVIDUAL)

**Renewal Application is accepted online only on [www.irdabap.org.in](http://www.irdabap.org.in)**

**Checklist**

Please ensure the following:

- 2) *To enclose a copy of the membership certificate issued by the IIISLA (mandatory) "details are available on [www.iiisla.co.in](http://www.iiisla.co.in)"*
- 3) To submit FORM 12 (annually) online before applying for Renewal to make online payment of fees (as mentioned in the regulations) through "Net Banking/Demand Draft/NEFT/RTGS" during application submission.
- 4) To attach scanned copy of previous license.
- 5) To attach scanned copies of qualifications duly attested by notary.
- 6) to attach scanned copy of affidavit duly notarised against S.No. 6 of the application form.
- 7) To send Self addressed envelope 4.5" X 10" with Rs.40 postage stamp to IRDA to send hard copy of the renewed license
- 8) To submit FORM 12 (annually) online before applying for Renewal.
- 9) To attach a recent scanned copy of passport size photograph along with the application form.

Notes: Read with Regulation 7

1. All licensed surveyors shall apply online 30 days before the expiry of the license.

2. Any correction or alteration made in answer to the questions in the application should be initiated by the applicant.
3. An affidavit of Rs. 10/- duly notarized on non-judicial stamp paper is required to be scanned and attached for renewal of licenses in the form of a declaration as contained against S.No. of 6 of the application form.
4. An email notification will be sent to the applicant on successful submission of the application form.
5. Any change in the information submitted to the authority must be informed to the authority within 15 days from date of the change for *grant of modified license by the authority*.

I request that the below license may be renewed for a further period of three years.

1. Current License Details

SLA No. (mandatory) .....

License Effective Date .....

Date of Expiry

Membership details of Institute:

Membership/ID card No .....

Date of Issue of ID card .....

Level of membership allotted .....

2. Name of Surveyor and Loss Assessor .....

3. Permanent Address .....

4. Present Address .....

(If change in present address, please upload proof doc)

5. Departments allocated

| Dept                       | Fire | Marine cargo | Marine Hull | Engg | Motor | Misc | CROP INSURANCE | LOP |
|----------------------------|------|--------------|-------------|------|-------|------|----------------|-----|
| <i>Level of Membership</i> |      |              |             |      |       |      |                |     |

6. I declare that since the date of my last application for license

- (i) I have not been found to be unsound mind by a Court of competent jurisdiction.
- (ii) I have not been found guilty of criminal misappropriation or criminal breach of trust or cheating or forgery of an abetment of or attempt to commit any such Offence by a Court of Competent jurisdiction, and
- (iii) I have not been found guilty of or to have knowingly participated in or connived at any fraud/dishonesty or made any misrepresentation against an insurer or an insured in the course of any judicial proceeding relating to a policy of insurance or the winding up of any investigation of the affairs of an insurer, and
- (iv) My license has not been cancelled at any time by the Controller of Insurance/ Insurance Regulatory and Development Authority.
- (v) I declare that I continue to hold the qualification on the basis of which my licence mentioned above was issued.
- (vi) An undertaking on performance report showing survey work done by me during the last 5 years of the validity period indicating total number of survey work, and amount involved in each category of cases, year-wise and company-wise is attached.
- (vii) In addition to surveyor's work, I am also engaged on other occupations, the details of which are given below:  
Or  
I am not engaged in any other occupation.
- (viii) I have not been disqualified for any of the provisions neither attracted the disqualification stated in section 42D of the Insurance Act, 1938.

Occupation status:

☐ Student ☐ Professional ☐ Business ☐ Employee ☐ Service ☐ Housewife ☐ Others  
.....

Employment details:

d) Whether applicant is currently employed? Yes/No .....

e) If yes, provide details below and also attach scanned copy of NOC from employer

| Name of Employer | Nature of Organization  | Nature of Work                     | Period of employment |         |
|------------------|---|------------------------------------|----------------------|---------|
|                  |   |                                    | From Date            | To Date |
|                  | (Govt./Semi-govt/Private Firm, insurance company, surveyor firm, PSU, others) | (Insurance survey related, Others) |                      |         |

f) Details of any other business/profession carried out:

| Name of Firm | Designation | Nature of Business |
|--------------|-------------|--------------------|
|              |             |                    |

7. Whether the applicant has been in practice as a Surveyor and Loss Assessor on the 31st May, 1970 ?

If answer is in YES and the applicant does not possess any of the qualifications stated in Insurance Act, 1938 and rules and regulations made there under the applicant must make a declaration ~~as given in the Insurance Rules, 1939~~ and duly sworn before a Magistrate or a Notary Public.

8. Fee Payment; NET BANKING/DEMAN DRAFT/NEFT/RTGS

A fee of Rs. 100/- plus applicable service tax as prescribed by Central Government from time to time.

In case license is submitted after expiry upto a maximum period of six months, the license fee will be Rs. 100/- + penalty of Rs. 750/- plus applicable service tax as prescribed by Central Government from time to time (*also attach notarized copy of qualification*).

9. Declaration

I solemnly declare and confirm that the particulars given above are true to the best of my knowledge and belief.

Signature of Applicant.....

Date:

Place:

FORM - IRDA - 6 - AF

[See Regulation 6(1)]

APPLICATION FROM A FIRM OR COMPANY FOR RENEWAL OF A LICENCE TO ACT  
AS A SURVEYOR AND LOSS ASSESSOR

**Corporate Renewal Application is accepted online only on [www.irdabap.org.in](http://www.irdabap.org.in)**

Checklist

Please ensure the following:

1. To enclose a copy of the membership certificate of partners/directors issued by the IISLA (*mandatory*) "details are available on [www.iisla.co.in](http://www.iisla.co.in)"



2. To submit FORM 12 (annually) online before applying for Renewal to make online payment of fees (as mentioned in the regulations) through Net Banking during application submission.
3. Have scanned copies ready of Degree/ Diploma/Technical qualification attested by Notary/ Magistrate.
4. To attach scanned copy of affidavit duly notarized against S.No.3 of the application form.
5. To send Self addressed envelop of 4.5” X10” with Rs.40. postage stamp to IRDA to send a hard copy of the License Certificate.

Notes:

1. The application should be submitted online atleast 30 days before the expiry of the license with a renewal fee of Rs.100 + applicable service tax as per approval of GOI may be paid online through Net Banking/Demand Draft/NEFT/RTGS.
2. In case license is submitted after expiry upto a maximum period of six months the license fee will be Rs.100/- + penalty of Rs.750/- + applicable service tax as per approval of GOI through Net Banking/Demand Draft/NEFT/RTGS.
3. The attention of the applicant is drawn to Section 102 of the Insurance Act 1938, which provides that whoever in any document required for the purpose of any of the provisions of the Act, rules or regulations made there under, fails to furnish the same, shall be liable to a penalty not exceeding Rs 5 lakhs for each such failure and punishable with fine.
4. A firm or company including group companies can apply for only one licence which will entitle it to act as a surveyor and loss assessor.
5. Any correction or alteration made in the application should be initialed by the applicant.
6. Name of the company should be suffixed by "Insurance Surveyor and Loss Assessor".
7. A licensed SLA cannot act/function as a Director/Partner of more than one company/firm.
8. All directors shall possess surveyor license which shall be duly licensed and categorized.
9. The main object of the company/firm shall be to undertake survey, loss assessments and related jobs.
10. Any changes in license details should be duly reported within 15 days to IRDA *for grant of modified license by the Authority*. Affidavit should be provided on behalf of the firm.

11. An affidavit of Rs. 10/- duly notarized on non-judicial stamp paper is required to be scanned and attached for renewal of licences in the form of a declaration as contained against S.No. of 6 of the application form.
12. An email notification will be sent to the applicant on successful submission of the application form.
13. Any change in the information submitted to the authority must be informed to the authority within 15 days from date of the change.

1. Current Corporate License Details

SLA no. ....  
 Date of Expiry .....  
 Name of the Firm/Company .....  
 Address of Company/Firm .....  
 Departments allocated

| Dept   | Fire | Marine cargo | Marine Hull | Engg | Motor | Misc | Crop Insurance | LOP |
|--|------|--------------|-------------|------|-------|------|----------------|-----|
| <i>License details of directors/partners and level of membership</i> |      |              |             |      |       |      |                |     |

2. It is requested that the above license may be renewed for a further period of three years for the following classes of insurance and level of membership allotted to directors/partners:

| Dept   | Fire | Marine cargo | Marine Hull | Engg | Motor | Misc | Crop Insurance | LOP |
|--|------|--------------|-------------|------|-------|------|----------------|-----|
| <i>License details of directors/partners and level of membership</i> |      |              |             |      |       |      |                |     |

3. It is hereby declared that-

- (i) No director/ partner of our Company/ Firm has been found to be of unsound mind by a Court of competent jurisdiction;
- (ii) ) No director/ partner of our Company/ Firm has been found guilty of criminal misappropriation or criminal breach of trust, or cheating or forgery, or an abetment of or attempt to commit any such offence by a Court of competent jurisdiction;

- (iii) No director/ partner of our Company/ Firm has been found guilty of or to have knowingly participated in or connived at any fraud, dishonesty or misrepresentation against an insurer or an insured in the course of any judicial proceedings relating to any policy of insurance or the winding up of an insurance company or in the course of an investigation of the affairs of an insurers; and
- (iv) No director/ partner of our Company/ Firm is a minor.
- (v) No director/ partner of our Company/ Firm shall violate the code of conduct specified by the regulations made by the Authority.
- (vi) All director(s)/ partner(s) of our Company/ Firm possess the requisite qualifications and practical training as specified by the regulations made by the Authority.
- (vii) All director(s)/ partner(s) of our Company/ Firm have passed such examination as specified by the regulations made by the Authority.

(The above declaration shall prepopulate in the online licensing process)

4. It is declared that each one of the Director(s) / partner(s) of the firm who was a partner/ Director when the above mentioned licence was issued and who is now a Director(s) / partner(s) continues to satisfy the requirements of clause (D) of subsection (1) of Section 64-UM of the Act.

It is also declared that all the director(s)/partner(s) whose address, date of birth have been submitted

- a) have been in practice as surveyor and loss assessor on 26<sup>th</sup> October, 1968, or
- b) hold a degree of a recognized university in any branch of engineering, or
- c) be a fellow or an associate member of the Institute of Chartered Accountants of India or Institute of Cost and Works Accountants of India, or
- d) possess actuarial qualifications or holds a degree or diploma of any Indian University or Institute in relation to Insurance, or
- e) hold a diploma in insurance granted or recognized by the Government, or
- f) possess any of the technical qualifications mentioned in Rule 56-A.

(The above declaration shall pre-populate in the online licensing process)

[ N.B. 1. In the case of each of the director/partner who was not a partner/ Director on the date of last application for licence:—

- (i) where he claims to come under item (a) above, and is not eligible to come under any of the items (b) to (f) above, a declaration as given in the Insurance Rules, 1939 and sworn before a Magistrate or a Notary Public should be forwarded with this form; and where he claims to come under any one of the items (b) to (f) above, either the original diplomas/certificates with one of the attested copy each, or copies of the original diplomas/certificates duly attested by a Magistrate or Notary Public should be enclosed. Where original diplomas/certificates are sent, they will be returned after perusal, but no responsibility can be accepted for loss or damage of such originals.

## 5. Details of Directors/Partners

a) *Name of the director/partner* .....

SLA no. ....

Date of Expiry .....

Membership details of Institute:

*Membership ID card No* .....

*Date of Issue of ID card* .....

*Level of membership allotted* .....

Name .....

Address .....

Departments allocated

| Dept   | Fire | Marine cargo | Marine Hull | Engg | Motor | Misc | Crop Insurance | LOP |
|--|------|--------------|-------------|------|-------|------|----------------|-----|
| <i>License details and level of Membership</i> |      |              |             |      |       |      |                |     |

Note: Where a director/ partner does not already hold an individual license then an application (in FORM NO. 1-AF - Application for New License) from such a person should also be submitted.]

Last Employment details

| Name of Employer | Nature of Organization  | Nature of Work                     | Period of employment |         |
|------------------|---|------------------------------------|----------------------|---------|
|                  |   |                                    | From Date            | To Date |
|                  | (Govt./Semi-govt/Private Firm, insurance company, surveyor firm, PSU, others) | (Insurance survey related, Others) |                      |         |

## 6. Declaration

I solemnly declare and confirm that the particulars given above are true to the best of my knowledge and belief.

Signature of the applicant.....

(Digital Signature)

Name of the Company/Firm:

Corporate License No :

Seal of the Company/ Firm

FORM - IRDA - 7 LF

[See Regulation 6]

Not Transferable

INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY

LICENCE NO. ....

RENEWAL OF LICENCE TO ACT AS A SURVEYOR AND LOSS ASSESSOR  
UNDER THE INSURANCE ACT, 1938( INDIVIDUAL)

Mr./ Mrs./ Miss.....

Address

.....  
\* working as sole proprietor of ..... *having Membership*  
*no .... of the Institute* and .having paid the specified fee and having made the necessary  
declaration, his/her Licence No. .... dated ..... to act as a surveyor and  
loss assessor is hereby renewed upto ..... day of ..... 20 .....

Name ..... are allocated the following departments and  
category:

| Dept                   | Fire | Marine<br>cargo | Marine<br>Hull | Engg | Motor | Misc | Crop<br>Insurance | LOP |
|------------------------|------|-----------------|----------------|------|-------|------|-------------------|-----|
| Level of<br>Membership |      |                 |                |      |       |      |                   |     |

Hyderabad, dated the DD-MM-YYYY

Signature of License Holder.....

.....

Designated Person

Insurance Regulatory and Development Authority

---

**INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY**

Notes:

1. If it is desired to renew this license for a further period, the procedure stated in the Regulations shall be followed, and an application for renewal should reach the Authority at least thirty days before the license expires.
2. This license authorizes the license holder to act as a surveyor and loss assessor for any registered insurer and therefore, no identifying mark or note of any description by which the identity of an insurer might be established should be placed on the license.
4. No correction in this license shall be valid unless initialed by the Designated Person of the Authority.

**FORM - IRDA - 8 LF**

[See Regulation 7(3)]

Not Transferable

**INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY**

LICENCE NO. ....

**RENEWAL OF LICENCE TO ACT AS A SURVEYOR AND LOSS ASSESSOR  
UNDER THE INSURANCE ACT, 1938 (CORPORATE)**

Name : .....

Address: .....

having paid the specified fee and having made the necessary declaration is hereby authorized under Section 64-UM of the Insurance Act, 1938 to act as a surveyor/loss assessor for three years from DD-MM-YYYY.

This License will expire on DD-MM-YYYY.

The Directors / Partners are allocated the following departments and categories:-

| Sl No. | Name<br>of<br>Director | Fire | Marine<br>cargo | Marine<br>Hull | Eng<br>g | Moto<br>r | Mis<br>c | Crop<br>Insurance | LO<br>P |
|--------|------------------------|------|-----------------|----------------|----------|-----------|----------|-------------------|---------|
|--------|------------------------|------|-----------------|----------------|----------|-----------|----------|-------------------|---------|

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| <i>License and<br/>Membershi<br/>p details of<br/>director</i> |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Hyderabad, dated the DD-MM-YYYY

Signature of the license Holder.....

Seal of the Firm/Company.....

.....  
Designated Person  
Insurance Regulatory and Development Authority

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## INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY

### Notes:

1. If it is desired to renew this license for a further period, the procedure stated in the Regulations shall be followed, and an application for renewal should reach the Authority at least thirty days before the license expires.
2. This license authorizes the license holder to act as a surveyor and loss assessor for any registered insurer and therefore, no identifying mark or note of any description by which the identity of an insurer might be established should be placed on the license.
3. No correction in this license shall be valid unless initialed by the Designated Person of the Authority.

FORM - IRDA - 9  
[See Regulation 9(1)]

APPLICATION FOR DUPLICATE LICENSE

I regret to inform you that my/ our licence no. .... expiry date DD-MM-YYYY has been

☐ Lost ☐ Destroyed ☐ Mutilated

by the following

circumstances.....  
.  
.....  
.....  
.....

The fees as specified in the IRDAI (Payment of Fees) Regulations, 2015 is also paid below for issue of duplicate license.(Fee Payment: Net Banking/Demand Draft/NEFT/RTGS)

I/ We , therefore request the Authority to kindly issue a duplicate licence in light of the circumstances explained above.

Declaration

I/We, ..... solemnly declare and confirm that the particulars given above are true to the best of my knowledge and belief.

Incase the original license is traced, I/We assure you that the same shall be returned to the authority.

.....  
Signature of the Applicant

Date:

Place:



FORM - IRDA – 10- LF  
[See Regulation 10(3)]  
NOT TRANSFERABLE  
License No.....  
DUPLICATE LICENSE

Name .....  
Address: House No. .... Street.....Town/ District .....  
State .....Pincode..... having paid fee as specified in the IRDAI (Payment of Fees) Regulations, 2015 and having made the necessary declaration of having lost/destroyed/mutilated the license is hereby authorized under Section 64-UM of the Insurance Act, 1938 to continue to act as surveyor and loss assessor for the balance period till expiry of the license.

This Licence will expire on DD-MM-YYYY

The surveyor and loss assessor will continue to work for the following departments:

| Dept     | Fire | Marine cargo | Marine Hull | Engg | Motor | Misc | Crop Insurance | LOP |
|----------|------|--------------|-------------|------|-------|------|----------------|-----|
| Category |      |              |             |      |       |      |                |     |

Hyderabad, dated the ..... 20.....

Signature of the license Holder.....

Seal of the Firm/Company.....

.....

Designated Person

Insurance Regulatory and Development Authority

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INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY

Notes:

1. If it is desired to renew this license for a further period, the procedure stated in the Regulations shall be followed, and an application for renewal should reach the Authority at least thirty days before the license expires.
2. This license authorizes the license holder to act as a surveyor and loss assessor for any registered insurer and therefore, no identifying mark or note of any description by which the identity of an insurer might be established should be placed on the license.
3. No correction in this license shall be valid unless initialed by the Designated Person of the Authority.

## FORM - IRDA - 12

[See Regulation 20(b)]

## FORMAT FOR ANNUAL SUBMISSION OF RETURN TO THE AUTHORITY

1. Name of Surveyor .....

- ## 2. License Details

Current SLA No .....

Date of Expiry DD-MM-YYYY

3. Qualifications acquired in the past 1 year (Upload docs for proof)

- a) Academic / Professional .....

- b) Insurance .....

- c) Training Attended .....

(Nature – Duration for all of the above)

4. No. of surveys done in last financial year and the name of insurers:

20 20

[illegible]

5. No. of surveys done in last financial year as surveyor appointed by the policyholders :

20            20

| Name of Policyholder | Fir e | Marin e cargo | Marin e Hull | Eng g | Moto r | Mis c | <i>CROP INSURANCE</i> | LO P | Tota l |
|----------------------|-------|---------------|--------------|-------|--------|-------|-----------------------|------|--------|
|----------------------|-------|---------------|--------------|-------|--------|-------|-----------------------|------|--------|

|       |  |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|
| A     |  |  |  |  |  |  |  |  |  |
| B     |  |  |  |  |  |  |  |  |  |
| C     |  |  |  |  |  |  |  |  |  |
| D     |  |  |  |  |  |  |  |  |  |
| ..... |  |  |  |  |  |  |  |  |  |

6. Income from other risk assessment assignments during the financial year

| Risk Assessment carried out with(person/legal entity) | Fire | Marine cargo | Marine Hull | Engg | Motor | Misc | <i>CROP INSURANCE</i> | LOP | Total |
|---|------|--------------|-------------|------|-------|------|-----------------------|-----|-------|
| A   |      |              |             |      |       |      |                       |     |       |
| B   |      |              |             |      |       |      |                       |     |       |
| C   |      |              |             |      |       |      |                       |     |       |
| D   |      |              |             |      |       |      |                       |     |       |
| .....   |      |              |             |      |       |      |                       |     |       |

7. Quantum of losses assessed in last financial year:  
20XX-20XX

| Fire        | No. | Marine cargo   | No. | Marine Hull   | No. | Engg              | No. | Motor           | No. | Misc           | No. | <i>CROP INSURANCE</i> | No. | LOP         |
|-------------|-----|----------------|-----|---------------|-----|-------------------|-----|-----------------|-----|----------------|-----|-----------------------|-----|-------------|
| > 10 Lacs   |     | > 1 Lac        |     | > 10 Lacs     |     | > 2.5 Lacs        |     | > 50,000        |     | > 1 Lac        |     |                       |     | > 10 Lacs   |
| 1 - 10 Lacs |     | 25,000 - 1 Lac |     | 2.5 - 10 Lacs |     | 50,000 - 2.5 Lacs |     | 10,000 - 50,000 |     | 25,000 - 1 Lac |     |                       |     | 1 - 10 Lacs |
| 0 - 1 Lac   |     | 0 - 25,000     |     | 0 - 2.5 Lacs  |     | 0 - 50,000        |     | 0 - 10,000      |     | 0 - 25,000     |     |                       |     | 0 - 1 Lac   |
| Total       |     |                |     |               |     |                   |     |                 |     |                |     |                       |     |             |

8. Declaration

I . ..... solemnly declare and confirm that the particulars given above are true to the best of my knowledge and belief.

Signature of the applicant.....

Date:

Place:

SAMPLE

FORM – IRDA-13

PREScribed FORMAT FOR ENROLLMENT AS TRAINEES

(Reg 17(1))

Instructions:

- 1) *It is mandatory to enclose copy of the Student membership ID issued by the Institute.*
- 2) It is mandatory to attach certificate of trainer/surveyor firm along with the enrollment application.
- 3) Enrollment applications will be processed by IRDA only after receiving online submission of certificate from the selected trainer/Surveyor firm by trainee.
- 4) Any change in the information submitted to the authority must be informed to the authority within 15 days from date of the change.

Details of the Applicant

1. Name .....

2. *Membership Details of the Institute:*

*Student Membership no*

3. Permanent address .....

4. Present address .....

5. Communication details

| Phone Office | Phone Res. | Fax | Mobile | Email ID | Alternate Email ID |
|--------------|------------|-----|--------|----------|--------------------|
|              |            |     |        |          |                    |

6. Date of Birth .....

7. Nationality .....

8. Qualifications acquired in the past 1 year (Upload docs for proof)

d) Academic / Professional .....

e) Insurance .....

f) Training Attended .....

(Nature – Duration for all of the above)

9. Occupation status:

☐ Student ☐ Professional ☐ Business ☐ Employee ☐ Service ☐ Housewife ☐ others ☐  
 .....

10. Employment details:

g) Whether applicant is currently employed? Yes/No .....

h) If yes, provide details below and also attach scanned copy of NOC from employer

| Name of Employer | Nature of Organization  | Nature of Work                     | Period of employment |         |
|------------------|---|------------------------------------|----------------------|---------|
|                  |   |                                    | From Date            | To Date |
|                  | (Govt./Semi-govt/Private Firm, insurance company, surveyor firm, PSU, others) | (Insurance survey related, Others) |                      |         |

i) Details of any other business/profession carried out:

| Name of Firm | Designation | Nature of Business |
|--------------|-------------|--------------------|
|              |             |                    |

11. Options for departments, in which you wish to be trained and granted surveyors license

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_

12. Name of Trainer Surveyor: .....

SLA No. ....

*Membership Details of the Institute:*

*Membership ID card No* .....

*Date of Issue of ID card* .....

*Level of membership allotted* .....

*Date of expiry* .....

|      |      |        |        |      |       |      |      |     |
|------|------|--------|--------|------|-------|------|------|-----|
| Dept | Fire | Marine | Marine | Engg | Motor | Misc | Crop | LOP |
|------|------|--------|--------|------|-------|------|------|-----|

|                     |  |       |      |  |  |  |           |  |
|---------------------|--|-------|------|--|--|--|-----------|--|
|                     |  | cargo | Hull |  |  |  | Insurance |  |
| Level of Membership |  |       |      |  |  |  |           |  |

Present Address .....

Communication details.

| Phone Office | Phone Res. | Fax | Mobile | Email ID | Alternate Email ID |
|--------------|------------|-----|--------|----------|--------------------|
|              |            |     |        |          |                    |

### 13. Declaration

I solemnly declare and confirm that the particulars given above are true to the best of my knowledge and belief.

Signature of the Applicant .....

Date:

Place:

FORM –IRDA-14

### FORMAT OF CERTIFICATE FROM TRAINER SURVEYOR GIVING ACCEPTANCE TO IMPART TRAINING (REG 17(1))

Important Instructions:

This form needs to be filled by trainer after receiving automated notification regarding enrollment of the trainee surveyor

I, \_\_\_\_\_ (name of Surveyor/ Surveyor Firm) bearer of Surveyor's Licence no. & Membership details \_\_\_\_\_ certify that Mr. / Ms. \_\_\_\_\_ is enrolled for training as a trainee surveyor in the following department/s:

(i) \_\_\_\_\_ (ii) \_\_\_\_\_ (iii) \_\_\_\_\_ (iv) \_\_\_\_\_ (v) \_\_\_\_\_  
(vi) \_\_\_\_\_ (vii) \_\_\_\_\_ (viii) \_\_\_\_\_

I have verified the information pertaining to educational qualifications and certify that they are true and correct. *I am a Member of the Institute* and hold a valid surveyor license issued by the Insurance Regulatory And Development Authority for the departments I am imparting practical training.

I undertake to impart practical training to the best of my knowledge and ability and agree to supervise his/ her performance on a weekly basis, based on records to be maintained by the trainee and keep the Insurance Regulatory And Development Authority informed about the progress by way of submission of quarterly reports in the form and manner prescribed.

Surveyor's License No .....

Date of Expiry .....

Date .....

Address .....

Communication

| Phone Office | Phone Res. | Fax | Mobile | Email ID | Alternate Email ID |
|--------------|------------|-----|--------|----------|--------------------|
|              |            |     |        |          |                    |

Signature Of Trainer .....

Date:

Place:

FORM –IRDA-15  
QUARTERLY REPORT- FORMAT FOR DAILY DIARY  
(REG 17(4))

Important Instructions:

FORMAT FOR DAILY DIARY



(TO BE MAINTAINED BY TRAINER SURVEYOR AND SUBMITTED ONLINE IN SOFT FORM ON QUARTERLY BASIS)

Report for the Quarter ending: \_\_\_\_\_(MM/YYYY)

1. Name of Trainee .....

2. Address .....

3. Communication

| Phone Office | Phone Res. | Fax | Mobile | Email ID | Alternate Email ID |
|--------------|------------|-----|--------|----------|--------------------|
|              |            |     |        |          |                    |

4. Name of Trainer Surveyor / Surveyor Firm : .....

Current License No .....

Date of expiry .....

*Membership Details*

| Dept                       | Fire | Marine cargo | Marine Hull | Engg | Motor | Misc | Crop Insurance | LOP |
|----------------------------|------|--------------|-------------|------|-------|------|----------------|-----|
| <i>Level of Membership</i> |      |              |             |      |       |      |                |     |

Date of commencement of training : .....

| Department | Contents of training imparted (Upload in soft form and Attach supporting documents wherever possible) |
|------------|---|
|            |   |

SIGNATURE OF TRAINER

Date:

Place:

FORM-IRDA-16  
TRAINING COMPLETION CERTIFICATE  
(REG 17(4))

Important Instructions:  
TO BE SUBMITTED BY TRAINER FOR EACH TRAINEE, AFTER COMPLETION OF THE  
TRAINING

SLA No. .... <<Trainer Name>> <<Trainer  
Address>>  
Date of Expiry: ..... <<Trainer Qualification>>  
Membership ID No..... level of Membership .....  
SURVEYOR & LOSS ASSESSOR  
<List of department in which trainer is licensed>

This is to certify that Mr/Ms ..... had undergone training with me in  
department/s <List of departments with check box> From <date> to <date> for a period of 12  
months/6 months. During the process he learnt various aspects of <department> for surveying  
and loss assessing

During the period of training I found him/her hardworking, sincere, and understanding. In my  
opinion he is fully conversant with all the techniques of Survey and  
I wish him/her all the best in his/her all future carrier,

<Additional remark if any >

<Trainer Name>

SURVEYOR & LOSS ASSESSOR

SLA NO..... Date of Expiry.....

Membership No..... Level of Membership.....

FORM-IRDA-17 AF  
Reg [ 3(4)(i) ]

APPLICATION FORMAT FOR GRANT OF MODIFIED LICENSE  
INDIVIDUAL SURVEYOR

Important Instructions:

Any change in the information submitted to the authority must be informed to the authority within 15 days from date of the change, attach copies of documents as proof

- Name

Name of Firm/Company ( *wherever applicable*)..... Remarks

- SLA NO..... Expiry date..... Membership ID No..... level of Membership.....

- Present Address :

Address 1: ..... Address 2: ..... Address 3:

City/Town/Village : ..... District: ..... State:

Country:..... Pincode: .....

Remarks:.....

*Change in Licensee Name*

- Incorporation of Sole Proprietary firm's Name :

Name of Firm : .....

Remarks:.....

- Grant of Additional Departments :

| Depts  | Fire                     | Marine                   | Marine                   | Engg                     | Motor                    | Misc                     | Crop      | LOP                      |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|
| Select |                          | cargo                    | Hull                     |                          |                          |                          | Insurance |                          |
|        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           | <input type="checkbox"/> |

- Swapping of Departments :

| Select | Current<br>Department | Select New Department | License catogary(As per<br>categorization) |
|--------|-----------------------|-----------------------|--|
|--------|-----------------------|-----------------------|--|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Remarks: ..... ( should we delete this as we are removing the restricion in departments)

- *Correction in the license already issued ( where there is a typrographical error in the license issued):*
- *Change in level of Membership allotted by the Institute*

*From ..... To.....( Attach soft copy of Membership certificate issued by the Institute indicating such change/s and reasons thereof)*

- *Change in Personal information :*

Phone No.(Res) ..... Phone No. (Office): ..... Mobile No. ....

e-mail: ..... Alternate e-mail: .....

Remarks: .....

Signature of the applicant

Place....

Date.....

FORM-IRDA-18  
Reg [4(6)(b)]

APPLICATION FORMAT FOR GRANT OF MODIFIED LICENSE CORPORATE  
SURVEYOR

Important Instructions:

Any change in the information submitted to the authority must be informed to the authority within 15 days from date of the change, attach copies of documents as proof.

Select Modification Type

- ☐ Name

Name of Firm/Company .....

Remarks

- ☐ Corporate License No.....

Expiry date.....

- ☐ Corporate/Registered Office Address :

Address 1: ..... Address 2: ..... Address 3:

.....

City/Town/Village : ..... District: ..... State:

.....

Country:..... Pincode: .....

Remarks:.....

- ☐ Branch Office Address :

Select Branch ☐ Pune ☐ Satara ☐ Nasik

Address 1: ..... Address 2: ..... Address 3:

.....

City/Town/Village : ..... District: ..... State:

.....

Country:..... Pincode: .....

Remarks:.....

- ☐ Change in Director/Partner Details :

☐ Add new Director/Partner ☐ Remove existing Director/Partner ☐ Modify  
existing Director/Partner

- ☐ Change in employee :

☐ Add new employee/s ☐ Remove existing employee/s

- ☐ Change in Share holding pattern and Promoter(s)

- ☐ Correction in the license already issued ( where there is a typographical error in the license issued):

- *Change in the level of Membership allotted by the Institute to the director(s)/partner(s)*

*From ..... To.....( Attach soft copy of Membership certificate issued by the Institute indicating such change/s and reasons thereof)*

- *Opening of branch offices/any other office by corporate surveyor*

- Change in Personal information :

Phone No.(Res) ..... Phone No. (Office): ..... Mobile No.  
.....

e-mail: ..... Alternate e-mail:  
.....

Remarks: .....

Signature of the director/partner  
Seal of the company

Date:  
Place: