INDIAN INSTITUTE OF INSURANCE SURVEYORS & LOSS ASSESSORS



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ADMISSION FORM - IIISLA BENEVOLENT FUND

To be filled in capital letters and with black ink

1	Name of m	nember						
2	Address of	correspondence						
_								
3	Mo	Mobile/Tel Nos						
4	E-Mail id							
5 IIISLA membership Number								
6	SLA No.							
7 Date of Birth Enclose proof of age								
8	Cheque /D	D details						
9	SL NO			npensation Gender Male/Female	Date of Birth	Relation	% share	
	1							
	2							
	3							
	4							
Declaration: All informations given above are correct to the best of my knowledge. I hereby abide by the rules & regulation laid down for IIISLA Benevolent Fund. I am fully aware that if any deleberate misrepresentation/concealment of fact is found at any time my rights shall be forfeited .								
	Date:							
	Place				(Signature of A	Applicant)		