

# REGISTRATION FORM FOR AGENTS



**Mr. Prashant S. Aher**  
**Director, My All Agents.**  
(M.Sc., M.Phil. P.G.D.B.M.)  
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Land line:- 0253-2518921, 2517844

[Note: Fields marked with \* are important.]

## **Personal Details :-**

Name Suffix : Mr./Mrs./Miss./Sau.

\* Username :

[Note: Username should be alphanumeric, it should not contain special symbols except dash (-) and underscore( )  
eg: Valid Username :Prashant\_a123, invalid username: Prashant 123 ]

\* First Name :

\* Last Name :

Sex : Male/Female

Date Of Birth :

Email Address :

Website (if any) :

Occupation :

Qualification :

Photo

## **Contact Details:-**

Address :

City :

Pin Code :

State :

Country :

Landline No :

Mobile No :

Fax :

## **Agency Information:-**

\* Branch Name :

Development Officer Full Name:

Development Office Code :

Your Appointment Date :

\* Agency Code :

Number Of Policies :-

**Other Information:-**

Best Policies :

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Achievements :

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Strengths :

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Performance :

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Best Performing Areas :

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Rewards :

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Financial Planning :

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Other activity  
(About Me) :

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Mutual fund :

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**Progress Details:-**

Fill in details to show your Progress Chart :

From	Year - To	No. of Policies	Sum Assured (in Cores)	First Premium Income (in Laces)

**For Example :**

From	Year - To	No. of Policies	Sum Assured (in Cores)	First Premium Income (in Laces)
1995	1996	1631	13.46	27.08

**Please Read Before Signing :-**

[ I certify that all information provided by me on this application is true and complete to the best of my knowledge ]

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**For Membership Pls select the box:-** ( ) 3 Years. ( ) 5 Years. ( ) 10 Years. ( ) Life Time 20 Years.