



काँगड़ा केन्द्रीय सहकारी बैंक - "आपका बैंक आपकी सेवा में"  
KCCB - 100 वर्षों से प्रदेश की जनता के भरोसे का प्रतीक



**THE KANGRA CENTRAL CO-OPERATIVE BANK LTD**

**Head Office: CIVIL LINES, DHARAMSHALA, DISTT. KANGRA HP -176215**

**DEPARTMENT OF "MARKETING AND BUSINESS DEVELOPMENT".**

## Request for Proposal (RFP)

Corporate Agency Arrangement

for

Health Insurance Business

(Ref : KCCB/MBD-HO/3/24-25/Corporate Agency/Health Insurance)

Date: 02/08/2024

### **LOAN, DEVELOPMENT AND MARKETINGSECTION**

THE KANGRA CENTRAL CO-OPERATIVE BANK, Head Office, Sehkar Jyoti Building,  
Civil Lines, Dharamshala , The. Dharamhsala, Distt. Kangra (H.P) -176215

Tel: 01892-222269- Ext :- 217,254,256

Email :- marketing@kccb.in

Website : www.kccb.in



### INDEX

Sl. No.	Particulars	Page
1	Annexure- 1 – Introduction, Scope of work, Objectives, Validity, others	3-4
2	Annexure- 2 Bid Covering Letter Format	5-7
3	Annexure – 3 Authorization Letter Format (for attending bid opening)	8
4	Annexure-4 Non-Disclosure agreement format	9
5	Form-1 Qualifying Bid	10

7	Form -3 Company Background ( Hard copies & Soft Copies)	14
8	Form -4 Details of the Premium Collected ( Hard copies & Soft Copies)	14
9	Form-5 Branch Network Details	15
10	Form-6 Bancassurance Experience	15
11	Form-7 Details of the Health Insurance Products offered	16
12	Form-8 Individual Claims of Health Insurer	16
13	Form -9 Key Observation in last five years	17
14	Form-10 – Abstract ( Hard copies & Soft Copies)	18
15	Form-11 Balance sheet	19
16	Form – 12 Key Support Areas	19
17	Form – 13 Declaration	20

#### Important dates for Bidders

Sl. No.	Subject	Date/Time
1.	RFP Reference Number and date	<b>KCCB/MBD-HO/3/24-25/Corporate Agency/Health Insurance</b> 02/08/2024
2.	Purpose	Selection of Health Insurance Company(ies) under Corporate Agency tie up arrangement for Health Insurance Business.
3.	Address for submission of Bid & Place of Opening of Bid	General Manager The KANGRA CENTRAL CO-OPERATIVE BANK, H.O, Sekhar Jyoti Bldg., Civil Lines, Dharamshala, Dist. Kangra, H.P. 176215.
4.	Website address	<a href="http://www.kccb.in">www.kccb.in</a>
5.	E-mail address	md@kccb.in (cc) marketing@kccb.in
6.	Contact Details	01892-224969 Ext. 701 01892-222269 Ext 217

**Note:** Bids will be opened in presence of Bidder's representatives (maximum two representatives per Bidder) who choose to attend. In case the specified date of submission and opening of Bids is declared a holiday in Himachal Pradesh under the NI act, the Bids will be received till the specified time on next working day and will be opened accordingly. KCCB is not responsible for non-receipt of responses to RFP within the specified date and time due to any reason including postal holidays or delays. Any bid received after specified date and time of receipt of bids prescribed as mentioned in RPF document, will not be accepted by Bank. Bids once submitted will be treated as final and no further correspondence will be entertained on this. No Bid will be modified after the specified date and time for submission of Bids. No Bidder shall be allowed to withdraw the Bid.



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## A. Introduction

The Kangra Central Cooperative Bank Ltd. is a District Central Co-operative Bank Ltd. incorporated under the provisions of the Co-Operative Societies Act & governed by provisions of H.P. Co-Operative Societies Act 1968 and carrying on the business of banking under the Banking Regulation Act, 1949 vide Banking licence No. RPCD 37 in force in India, having its registered office at Sekhar Jyoti Building, Civil Lines, Dharamshala, Distt. Kangra, H.P. 176215.

KCCB, hereinafter referred to as "Bank" having presence in 5 districts of state of Himachal Pradesh and has a sizeable customer base. The bank is operating through its 216 branches, 11 extension counters and 18 Zonal Offices in Kangra, Una, Hamirpur, Kullu and Lahul and Spiti districts of Himachal Pradesh. All Branches are working on the Core Banking Platform.

**For further details please visit Bank's website: [www.kccb.in](http://www.kccb.in)**

Bank is at present Corporate Agent of M/s Care Health Insurance Co. Ltd. for distribution of Health Insurance products. As per IRDAI gazette notification dated December 06, 2022 (Registration of Corporate Agents) Regulations, 2022 under Corporate Agency tie-ups which replaces the erstwhile IRDAI (Licensing of Corporate Agents) Regulations, 2015, a Corporate Agent can have arrangements with nine companies each in life, general and health categories for distribution of their IRDAI approved Insurance products.

Presently, Bank is exploring the possibility of entering into a distribution partnership for Health Insurance Products by way of Corporate Agency Arrangement with **eight** more Health Insurance Companies for selling their IRDAI approved insurance products.

## B. Broad Scope of Work

Bank has experience of selling Health Insurance products under Corporate Agency Arrangement since 2014.

Bank invites proposals from eligible Health Insurance companies ('Bidder') with a view to enter into Corporate Agency arrangement with the shortlisted bidder, for distribution of IRDAI approved Health Insurance Products in India. Shortlist of Bidders shall be prepared after evaluation of bids submitted by Health Insurance Companies. Bidders are hereby advised to carefully review and submit all relevant information in the same chronology under relevant sections as sought in RFP.

Details of the objectives, eligibility and qualification criteria, data & documents required to be submitted along with RFP, criteria that would be adopted for evaluation of the responses/ shortlisting as well as other relevant information is contained in this document. The RFP document can be downloaded from the Bank's website [www.kccb.in](http://www.kccb.in)

**Last date and time for submission of proposals, complete with all the requirements as given in the RFP document is 3 P.m. On 16/08/2024**

## C. Rejection of Bids

Bank reserves the right to reject the Bid if,

- Bid is incomplete as per RFP requirements and/or required documents are not furnished.
- Any condition stated by Bidder is not acceptable to Bank.
- If the RFP and any of the terms and conditions stipulated in this document are not accepted by Authorized Representatives of Bidder.
- Required information is not submitted as per format given.
- Any information submitted by Bidder is found to be untrue/fake/false.
- Bidder does not provide, within the time specified by Bank, the supplemental information/clarification sought by Bank for evaluation of the Bid.
- The document is not signed & duly stamped by authorized person on each page.
- It is received through Telegram/Fax/E-mail.
- It is received after expiry of the due date and time stipulated for Bid submission.
- Any form of canvassing/lobbying/influence/query regarding short listing, status etc. will be a disqualification.
- Any other reason which the Bank may deem appropriate for rejection of the Bid.

Bank shall be under no obligation to accept any offer received in response to this RFP and shall be entitled to reject any or all offers without assigning any reason whatsoever. Bank may abort the entire process at any stage without thereby incurring any liability to the affected Bidder(s) or any obligation to inform the affected Bidder(s) of the grounds for Bank's action.

The deadline for submission of Proposals is mentioned in "**Important dates for Bidders**" on **Page 2 of this document**. Proposals received after the specified time on last date shall not be eligible for consideration and





ANNEXURE – 2  
Bid Covering Letter Format

[Date:.....]

To:

The General Manager  
THE KANGRA CENTRAL COOPERATIVE BANK, Head Office,  
Sekhar Jyoti Bldg., Civil Lines, Dharamshala,  
Dist. Kangra, H.P. 176215

Dear Sir,

**Sub: RFP for proposed Corporate Agency Arrangement with the The Kangra Central Co-operative Bank**

1. We, the undersigned are duly authorized to represent and act on behalf of ..... ("**Bidder**") in terms of the enclosed Board Resolution.
2. Having reviewed and fully understood all information provided in the Request for Proposal Document dated 06.06.2024 ("**RFP**") issued by the Bank, [Bidder] is hereby tendering the Bid. As required, we are enclosing the following:
  - a. Bid as per the RFP;
  - b. Pen Drive containing electronic format of the Bid as per the RFP;
  - c. Other details and supporting documents (as applicable) in response to the requirements as outlined in the RFP.
3. Our Bid is unconditional, valid and open for acceptance by Bank until 180 days from the last date of submission of the RFP.
4. We undertake that we shall make available to the Bank any additional information clarification it may find necessary or require to supplement or authenticate the Bid.
5. We hereby agree, undertake and declare as under:
  - a. We have examined and have no reservations in respect to the RFP document.
  - b. Our Bid is, in all respects, in compliance with the requirements of the RFP. Without prejudice to the foregoing, notwithstanding any qualifications or conditions, whether implied or otherwise, contained in our Bid, we hereby represent and confirm that our Bid is unqualified and unconditional and is without any deviations, conditions or any assumptions in all respects;
  - c. Notwithstanding any qualifications or conditions, whether implied or otherwise, contained in our Bid, we hereby agree and undertake to keep this Bid valid and open for acceptance without unilaterally varying or amending its terms for the period, including any extended period, as specified in accordance with the RFP;
  - d. We declare that in the event that the Bank discovers anything contrary to our above declarations, the Bank will be empowered to forthwith disqualify us and our Bid.
  - e. We undertake that in case due to any change in facts or circumstances or applicable law during the Bidding process, we are disqualified in terms of the RFP, we shall intimate the Bank of the same immediately.
  - f. We further declare that we have not been declared ineligible for corrupt or fraudulent practices in any bid process in the past five years and have not been blacklisted by any

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- g. We confirm that the Bank and its authorized representatives are hereby authorized to conduct any inquiry or investigation to verify the veracity of the statements, documents, and information submitted in connection with this Bid and to seek clarifications from our advisors and clients regarding any financial and technical aspects.
- h. This letter will also serve as authorization to any individual or authorized representative of any entity referred to in the supporting information, to provide such information deemed necessary and requested by yourself to verify statements and information provided in this Bid, or with regard to our resources, experience, and competence;
- i. We hereby irrevocably waive any right which we may have at any stage at law or howsoever otherwise arising to challenge or question any decision taken by the Bank in connection with the selection of the Bidder, or in connection with the Bidding process itself, in respect of the above mentioned proposed tie-up and the terms and implementation thereof.
- j. This letter shall also serve as an authority to the Bank to furnish any information related to the Bidder in relation to the proposed Corporate Agency Arrangement to any Regulatory / Statutory Authority in India to which the Bank & its proposed Corporate Agency Arrangement is subjected to.

6. We understand that:

- a. All information submitted under this Bid shall remain binding upon us.
- b. The Bank may in their absolute discretion reject or accept any Bid, cancel the Bidding process for the proposed tie-up and reject all the proposals.
- c. We acknowledge the Right of the Bank to reject our Bid without assigning any reason or otherwise and hereby waive our right to challenge the same on any account whatsoever.
- d. Bank is not bound to accept any Bid that it may receive pursuant to the RFP;

7. We acknowledge that the Bank will be relying on the information provided in the Bid and the documents accompanying such Bid for selection of the Bidders and we declare that all statements made by us and all the information pursuant to this letter are complete, true and accurate to the best of our knowledge and belief.

8. We hereby unconditionally undertake and commit to comply with the timelines as specified in terms of the RFP or as extended by the Bank from time to time at its sole discretion.

9. This Bid shall be governed by and construed in all respects according to the laws of India. Courts in Dharmshala, H.P. shall have exclusive jurisdiction in relation to any dispute arising from the RFP, this Bid and the Bid process.

10. All the terms used herein but not defined shall have the meaning as ascribed thereto under the RFP.

**11. We understand that our response is towards a Corporate Agency Agreement with the bank for a period of 3 Years. This arrangement can be discontinued at the discretion of the Bank by giving a notice period of 90 days.** In case of such a notice being served, we undertake to make all arrangements for providing continuous service to the policy holders till the maturity of the policies and to issue NOC for change of insurer as per IRDA guidelines.

12. We confirm that we are complying with the IRDA guidelines.

Date:

Signature with Seal



*Handwritten signature*

Name: .....

**ANNEXURE-3**  
**Authorization letter format (for attending bid opening)**

(To be presented by the authorized person at the time of Bid Opening on the letter head of Bidder and should be signed by an Authorized Signatory with Name and Seal of the Company)

Ref No:

Date:

The General Manager,  
The Kangra Central Co-operative Bank  
Head Office  
Sekhar Jyoti Bldg., Civil Lines, Dharamshala,  
Dist. Kangra, H.P. 176215

Dear Sir,

**SUB: RFP .....for Corporate Agency Tie-up with Health Insurance Company.**

This has reference to your above RFP.

Mr./Miss/Mrs. \_\_\_\_\_ is hereby authorized to attend the bid opening of the above RFP on \_\_\_\_\_ on behalf of our organization.

The specimen signature is attested below:

Specimen Signature of Representative

\_\_\_\_\_  
Signature of Authorizing Authority

\_\_\_\_\_  
Name & Designation of Authorizing Authority

**NOTE: This Authorization letter is to be carried in person and shall not be placed inside the bid covers.**

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## ANNEXURE-4

### NON –DISCLOSURE AGREEMENT

(To be given on Company's Letter Head)

WHEREAS, we, ....., having Registered Office at ....., hereinafter referred to as the Bidder, are agreeable to enter into a Corporate Agency Tie-up agreement for selling Health Insurance products with The Kangra Central Co-Operative Bank, Merchant Banking Division, Head Office, ..... hereinafter referred to as the BANK and,

WHEREAS, the Bidder understands that the information regarding the Bank's IT Infrastructure and data shared by the BANK in their Request for Proposal is confidential and/or proprietary to the BANK, and

WHEREAS, the Bidder understands that in the course of submission of the offer for "**Corporate Agency Tie-up with Health Insurance Company**" and/or in the aftermath thereof, it may be necessary that the Bidder may perform certain jobs/duties on the Bank's properties and/or have access to certain plans, documents, approvals or information of the BANK.

NOW THEREFORE, in consideration of the foregoing, the Bidder agrees to all of the following conditions, in order to induce the BANK to grant the Bidder specific access to the BANK's property/information.

The Bidder will not publish or disclose to others, nor, use in any services that the Bidder performs for others, any confidential or proprietary information belonging to the BANK, unless the Bidder has first obtained the BANK's written authorization to do so.

The Bidder agrees that notes, specifications, designs, memoranda and other data shared by the BANK or, prepared or produced by the Bidder for the purpose of submitting the offer to the BANK for the said solution, will not be disclosed to during or subsequent to submission of the offer to the BANK, to anyone outside the BANK.

The Bidder shall not, without the BANK's written consent, disclose the contents of this Request for Proposal (Bid) or any provision thereof, or any specification, plan, pattern, sample or information (to be) furnished by or on behalf of the BANK in connection therewith, to any person(s) other than those employed/engaged by the Bidder for the purpose of submitting the offer to the BANK and/or for the performance of the Contract in the aftermath.

Disclosure to any employed/engaged person(s) shall be made in confidence and shall extend only so far as necessary for the purposes of such performance.

On behalf of .....

Name :

Designation :

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**FORM -1**  
**QUALIFYING BID**

**Bidder's Eligibility** (all mandatory provisions)

It is mandatory for the potential bidders to ensure that the following minimum eligibility criteria are met in order to participate in the Techno Commercial Bidding Process:

Sl. No.	Criteria		Remarks
1	The bidder must have an IRDA license as on the date of submission of RFP response for procuring Health Insurance business in India.	Yes / No	
2	The bidder must have a track record of minimum 5 Years of operations in the Health Insurance business in India as on 31.03.2024 (please specify)	Number of Years	
3	The bidder must have a network of at least 100 Branches across the country as on 31.03.2024 (please specify)	Number of Branches	
4	The bidder should have the minimum Solvency Ratio of 1.5 as on 31.03.2024 (please specify)	Solvency Ratio as on 31.03.2024	
5	The bidder should be working with RRB/DCCB/CO-OP Banks in the state of H.P	Number of Bank tie ups in the state of H.P with list	
6	The bidder should have experience working with at least 2 (two) Scheduled PSB / Private Banks other than RRB/DCB/Co-Op Banks/Small Finance Banks etc.	Number of PSB tie ups with list of such Banks.	
7	Minimum GWP of Rs 1000 Crs as on 31.03.2024	Specify FYP amount in Crs.	
8	Claim Ratio of 80% as on 31.03.2024	Specify claim ratio	

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**FORM- 2**

**TECHNICAL EVALUATION BID FORMAT ON CORPORATE AGENCY TIE UP WITH THE KANGRA  
CENTRAL CO-OPERATIVE BANK Ltd.**

(To be submitted on the Company's letter head and signed by the Authorised signatory with seal)

Date : .....

1	Name of the Company :	
2	Complete Address :	
3	Contact detail for clarifications  (Name, Designation, Mobile and office number, Email Address):	
4	Names of JV Partners and Percentage of stake held by each as on 31.03.2024	
5	Year of Establishment	
6	Month & Year of Business Commencement	
7	IRDAI License No. and Date	
8	PAN	
9	GST Registration No.	
10	Number of Branches as on the Date of Application  (No. of Branches State-wise / Category wise)	

11	Financial Information (Rs. in Cr)	2021-22	2022-23	2023-24
a	Invested Capital			
b	Operating Profits / (Loss)			
c	Profit /( Loss) after Tax			
d	Accumulated Profits / Loss			
e	Solvency Ratio (in %)			
F	Claim paid Ratio			
g	Net worth			
12	Business Information	2021-22	2022-23	2023-24
i	Number of Policies			
ii	First Year Premium (in Cr.)			
lii	Corporate Agents (Banks)			
iv	Corporate Agents (Others)			
v	Brokers			
vi	Web Sales			
vii	Direct Sales			
	Individual Agents			



		Renewal Premium ( Crs)		
x	Corporate Agents (Banks)			
xi	Corporate Agents (Others)			
14	Claims Disposal Ratio			
15	Claims disposal Turn Around Time			
16	IRDAI Penalty & Warnings – Yes / NO			
(a)	If Yes, Details of Penalty / warning, Amount of Penalty & Reasons for Penalty			
17	Grievance Redressal			
a	No. of Grievances O/S at the start of the year			
b	No. of Grievances received during the year			
c	No. of Grievances Resolved during the year			
d	No. of O/S Grievances at the end of the year			
18		Business & Revenue Projections for the Bank		
	Year	2024-25	2025-26	2026-27
a	No. of Policies			
b	New Business Premium (in Cr.) & Renewal Premium ( in cr)			
c	Revenue for the Bank (in Cr.) from NB & Renewal business separately.			
19	Remarks			
1				
2				
3				
4				
5				

We have read and understood the terms and conditions of the RFP and express our agreement to them and confirm that decisions of The Kangra Central Co-operative Bank Ltd.with regard to RFP will be binding on us.

- The information contained in the bid sheet is correct to the best of our knowledge and belief.
- We further confirm that our Company is in a position to comply with all the requirements in the RFP.

All the copies of documents supporting the details specified in the RFP are attached.

We confirm that we have not been barred / blacklisted / disqualified by any Regulatory / Statutory body in India and we understand that if any false information is detected at a later date, the assignment shall be cancelled at the discretion of the Bank.

- We declare that the Key Personnel in the Company who are associated with the “Corporate



**FORM – 3**  
**Company background**



[Provide here a brief description of the background and organization of your firm/entity. The brief description should include ownership details, date and place of incorporation of the firm, authorized person submitting the proposal, power of attorney for the authorized person, his contact details, objectives of the firm etc.

Also provide snapshot of your operations in the format given below:

(Amt. in INR Crore)				
S.No	Particulars	2021-22	2022-23	2023-24
1	Year of Inception			
2	Month & year of commencement of Business			
3	No. of Branches			
4	Market share			
5	No. of active Agents			
6	Invested Capital			
7	Net worth			
8	Solvency Ratio			
9	Profit after tax			
10	Accumulated profit/loss			
11	Incurred Claims Ratio			
12	Total Asset under Management			

**FORM-4**

**Details of Premium collected by the insurance company under Bancassurance Channel**

Sl.No	Particulars	2021-22	2022-23	2023-24
1	Total No. of Policies			
2	Gross written Premium – All (Rs in Crores)			
3	Average premium per policy (INR lakhs)			
4	GWP – Banca channel (Rs in Crores)			
5	Average premium per policy (INR lakhs) for Banca Channel			
6	Average premium per policy (INR lakhs) for Banca Channel other than PSBs			
7	Average premium per policy (INR lakhs) for Banca Channel other than PSBs in Rural			
8	Average premium per policy (INR lakhs) for Banca Channel other than PSBs in Urban			

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FORM – 5

Branch Network Details of the Insurance Company – as on date of RFP

State	Branches	

No. Of Branches – Category wise:

Category	No. of Branches		
Rural			
Semi Urban			
Urban			
Metro			
TOTAL			

FORM -6

Bancassurance experience (excluding Group Business)\*

( Amt in INR Crore )

2023-24

Bank Name	No. of Years of partnership with Bank	No. of Policies	New Business Premium	Commission income

Bancassurance experience (Group Business)

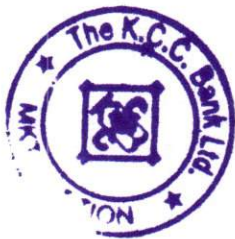
( Amt in INR Crore )

2023-24

Bank Name	No. of Years of partnership with Bank	No. of Policies	New Business Premium	Commission income

Please provide details of any Bancassurance partnerships that the insurer has been terminated or not renewed. In case of termination or non-renewal of a Bancassurance relationship please provide the reason for the same.

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FORM-7

Details of the Health Insurance products offered and Approved Commission rates

Name of the Product	Type of the Product Individual or Group	Maximum Commission approved by IRDA	Maximum Commission offered to the Bank

FORM- 8

Individual Claims of Health Insurers -Number of Policies

(Particulars	2021-22	2022-23	2023-24
Claims pending at start of year (A)			
Claims intimated / booked (B)			
Total Claims (C=A+B)			
Claims paid (D)			
Claims repudiated (E)			
Claims closed during the period (F)			
Claims pending at end of year (G=C-D-E-F)			

Individual Claims of Health Insurers - Benefit Amount in Rs Crore

Particulars	2021-22	2022-23	2023-24
Claims pending at start of year (A)			
Claims intimated / booked (B)			
Total Claims (C=A+B)			
Claims paid (D)			
Claims repudiated (E)			
Claims closed during the period (F)			
Claims pending at end of year (G=C-D-E-F)			

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**FORM-9**  
**Key Observations in last 5 years**

Item	Details
IRDA	
Penalties / warnings etc.	
Ministry	
Internal Audit	
Promoter / company issues with SEBI and / or any other exchange	
Others	

Please elaborate on following aspects:  
The overall level of all round regulatory compliance achieved

**Form – 10**  
**Abstract of data**  
**(Only values to be entered)**

Sl. No	Parameters	2021-22	2022-23	2023-24
1	Solvency Ratio (for last 3 years)			
2	Profit after Tax (Rs in Crores for last 3 years)			
3	Net Worth (Rs in Crores for Last three years)			
4	Commission Pay-out Ratio (Total Commission Paid by the Insurance Company / Total Premium Collected )			
5	Number of Branches as on date of RFP			
6	No. of Tie ups with Banks as on date of RFP			
7	Premium Collection for last 3 years (Rs in crores)			
8	Persistency Ratio ( for last 3 years)			
9	Experience under Health Insurance Business (In years)			
10	IRDA Ranking with market share			
11	Claims settlement Ratio			
12	TAT for Grievance Redressal (Existing) Needs to be submitted with policy of company			

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FORM – 11

Please provide the Balance sheet of the Insurance Company of last Financial Year i.e, 2023-2024.

Attached as supporting documents

FORM -12

KEY SUPPORT AREAS

Please elaborate on the kind of support that Bidder will provide to the Bank on each of the parameters as listed below.

The support committed below should be in line with IRDAI guidelines, to help the bank increase insurance business and insurance coverage suited to customer needs.

1	Manpower in absolute Nos.	
2	Training	
3	Marketing (including Advertisement & publicity)	
4	Operations, Post Sales Service and renewals	
5	Technology and MIS	
6	Claims Support	
7	Any Other Support (Pls specify)	



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**FORM -13**

**DECLARATION:**

**Subject :- RFP Reference No.  
Arrangement for Health Insurance with KCCB**

**Proposal for Corporate Agency**

Name of Bidder:

All the information furnished by us herein above is correct to the best of our knowledge and belief.

We have no objection if enquiries are made about the work listed by us in the accompanying sheets/annexures.

We agree that the decision of KCCB in selection process will be final and binding on us.

We confirm that we have not been barred/blacklisted/disqualified by any Regulators/Statutory Body in India and we understand that if any false information is detected at a later date, the assignment shall be cancelled at the discretion of Bank.

**SIGNATURE OF THE APPLICANT**

**NAME & DESIGNATION  
SEAL OF ORGANISATION**

Date:

Place:

