



APPLICATION FORM FOR EMPANELMENT

Work(s) for which applied for Empanelment	
1. Name of the Firm: (In Block Letters)	
2. Date of Establishment / Incorporation	
3. Correspondence address and	
1. Telephone No 2. Mobile No. 3. E-Mail ID:	
4. Address of Head Office (If Separate) and Telephone No.	
5. Status: Proprietary/ Partnership/ Private Limited Company / Public Limited Company	
6. Names of the Partners /Directors	
7. Name of Chief Executive with present addresses and Telephone Nos	
8. Name of Representative (s) with Designation who would be calling on us	
9. Name of Bankers with addresses & telephone numbers with mail IDs	
10. Is the Firm registered under the Factories Act? If so, state a) Licence Number: b) Date of last renewal of licence (Copy of licence to be enclosed) c) PAN d) ESIS No. if any e) EPF Registration No. if any f) GSTIN	



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11. Whether holding certificate under Shops & Establishment Act, duly Renewed (Copy should be enclosed)	
12. State the latest Income Tax Assessed year and the amount of Tax assessed (Copies of last 3 years, IT Returns, Balance Sheets & Revenue A/c to be enclosed)	
13. Turn over for last three Financial Years F Y 2017-2018 F Y 2018-2019 F Y 2019-2020	
14. Are you agreeable to make deliveries to Corporation's Offices within and out side of Chennai as & when so directed?	
15. Are you agreeable to abide strictly by the Terms and Conditions of the Tenders to be floated by the Divisional office, Chennai	
16. If your firm is empanelled with any office of L I C Of India or any other PSU (Central) , please give name and address	
17. Name, Addresses and Telephone Nos. of some of your most valued clients (Separate List may be attached)	
18. Approximate value of your output per Year	
19. Mention any other specialties of your Establishment	

Note: Please type this form or fill it legibly in ink. If space provided is Insufficient, please type or write the replies on a separate sheet giving appropriate question number and attach it to the form.

All the pages of application form and documents must be signed with seal

Signature with Seal & Date



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DECLARATION

I/We..... request Life Insurance Corporation of India
Divisional Office , Chennai – I to consider inclusion of my/our name in the list of their
approved firms /suppliers. We agree to give full satisfaction to the Corporation in the
event of their doing so.

Dated at thisday of 2020

With seal

Name:.....

Designation:

Signature

Note: The Corporation reserves the right to cancel the name of the supplier/firm from its
approved list at its absolute discretion without assigning any reason.