INDIAN INSTITUTE OF INSURANCE SURVEYORS & LOSS ASSESSORS

"Promoted By: IRDA-GOVT. OF INDIA"

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ADMISSION FORM - IIISLA BENEVOLENT FUND

To be filled in capital letters and with black ink

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1	Name of member					
2	Address of correspo	ondence				
3	Mobile/Tel Nos					
4	E-Mail id					
5	IIISLA membership Number					
5	SLA No.					
7	Date of Birth Enclosed proof of age					
8	Cheque /DD details					
			Nominee for c	ompensation		
9	SL NO	Name	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 right shall be forfeited. Date:					
	Place				(Signature of App	olicant)
					(3.0	· · · · · · · · · · · · · · · · · · ·