## **FORM IRDA9**

## [Refer regulation 10(1)] APPLICATION FOR DUPLICATE LICENCE

To

my knowledge and belief.

Name : ..... Date : .....

Insurance Regulatory and Development Authority Gate No. 3, First Floor, Jeevan Tara Bldg., 5, Parliament Street, New Delhi - 110 001 Tel.: 3364711. Dear Sir, Re: Issue of Duplicate Licence I regret to inform you that my/our Licence No. ...... expiry date ...... has been 1. lost 2. destroyed 3. mutilated by the following circumstances ..... The fees of Rs. 5 is also paid for issue of duplicate licence. I/We, therefore request the Authority to kindly issue a duplicate licence in light of the circumstances explained above. I, ....., solemnly declare and confirm that the particulars given above are true to the best of

Signature : .....