Form A

Form for seeking approval of the Authority to appointment of Chief Executive Officer (CEO)

Sr. No.	Particulars	
1	State who is the competent authority to make the appointment / re-appointment in question and to fix the terms thereof. In case it is the Board of Directors, please quote the number of the relevant Article (A certified copy of the resolution (also mentioning the date thereof) of the competent authority, the General Body or the Board of Directors, as the case may be authorizing the appointment. re-appointment should be furnished along with the application. If the resolution is in vernacular, a certified copy thereof as translated into English may preferably be supplied)	
2	Full name of the person to be appointed / re-appointed:	
3	His present designation	
4	Insurance and / or other professional experience stating the name/s of the institution/s the position/s held therein and the approximate period of such experience	
5	State the name of the companies with their nature of business, in which the person also holds the position of Director / Managing Director.	
6	Terms of appointment / re-appointment (a) Whether the appointment/ re-appointment will be under a contract or agreement (If so, a copy of the draft contract or agreement should be furnished together with a copy of existing contract or agreement, if any) (b) Period of appointment / re-appointment if any fixed (in case the period of appointment / re- appointment should not exceed more than 5 years) (c) Details of remuneration: The particulars should be furnished in the enclosed Form “C”	
7	State whether (a) The insurance company complies with the provision of Section 32(A) (1) of Insurance Act, 1938	

Sr. No.	Particulars	
	(b) In case the appointee is an expatriate, the work permit from the Ministry of Home, Govt. of India has been taken (a certified copy of the work permit to be enclosed)	
8	Position in regard to compliance with such provisions of the Companies Act as are attracted particularly Sections 164 (disqualification of Directors), Section 188 (office or place or profit) and Section 196 (except Central Government approval). Please state the position with reference to each Section separately.	
9	Any additional facts which the insurance company may like to state in support of the application or otherwise.	

For _____

(Name of the FRB)

_____

(Signature)

_____

(Designation)

Note: In case the application relates to the re-appointment of the CEO also involving an amendment of the provision/s relating to his existing appointment or remuneration, only one application as in Form ‘A” may be submitted.