

AFFIDAVIT

I, aged years, S/o..... residing at
solemnly declare that since the date of my last application for license:

- (i) I have not been found to be unsound mind by a Court of competent jurisdiction.
- (ii) I have not been found guilty of criminal misappropriation or criminal breach of trust or cheating or forgery of an abetment of or attempt to commit any such offence by a Court of Competent jurisdiction and
- (iii) I have not been found guilty of or to have knowingly participated in or connived at any fraud/dishonesty or made any misrepresentation against an insurer or an insured in the course of any judicial proceeding relating to a policy of insurance or the winding up of any investigation of the affairs of an insurer, and
- (iv) My license has not been cancelled at any time by the Controller of Insurance/ Insurance Regulatory and Development Authority.
- (v) I declare that I continue to hold the qualification on the basis of which my license mentioned above was issued.
- (vi) An undertaking on performance report showing survey work done by me during the last 5 years of the validity period indicating total number of survey work, and amount involved in each category of cases, year-wise and company-wise is enclosed.
- (vii) In addition to surveyor's work, I am not engaged in any other occupation.
- (viii) I have not violated the code of conduct of the Authority.
- (ix) I have not contravened any of the provisions of the IRDA Act, 1999, Insurance Act, 1938, Rules and Regulations made there under including any order or directions issued by the Authority or any of its designated persons;
- (x) I have not made a statement which is false in material particulars with regard to my eligibility for the license or renewal thereof or in any of the activities transacted by me or the matters connected therewith as a Surveyor and Loss Assessor;
- (xi) I have not been disqualified for any of the provisions neither attracted the disqualification stated in section 42D of the Insurance Act 1938.
- (xii) I have performed the duties & responsibilities as a professional.

I also declare that all the information stated herein are true and correct to the best of my knowledge and belief.

SIGNATURE OF DEPONENT