IIRM

NOMINATION FORM

2-day Training Programme on AML/CFT
For the Key Management Personnel of Compliance Function

Schedule: 08/05/2025 & 09/05/2025 at Mumbai

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1. Name of the Company :

2. Address of the Company :

3. IRDAI Registration No. :

4. Type of Company(LI/GI/HI/RE) :

5. Contact Details of SPOC

Name :

Designation :

Mobile No. :

Email ID: :

6. Nominee Details:

(Please provide the details as mentioned below)

Sl. no.	Name of the nominee	Mobile No.	Email ID

7. Declaration by the nominating authority:

We hereby nominate the above-mentioned distinguished Directors/Executive Directors of Compliance Department from our organization to participate in the said program.

Bank Details:

Beneficiary	Institute of Insurance and Risk Management (IIRM), Hyderabad
Bank Name	Union Bank of India
Branch	Nanakramguda Branch, Hyderabad, India
Account No.	183910100002272
RTGS/NEFT	UBIN0818399
Swift code	UBININBBBDL

Link for registration: **https://forms.office.com/r/c8P4eK9SQG**

For payments, Scan QR Code

IIRM Training

Authorized Signatory
Name:
Designation:
Company
Date: