IGI Rewards ID Request Form

IGI Insurance

Section A - Particulars of Travel Agency

Full Name of Company _____
Address _____
Phone _____ Fax _____
Contact Person _____Designation _____

Section B - Information required for IGI Rewards ID

User Profile

Full Name _____
Designation _____
Address _____
City_____Country _____
Postal Code _____
Phone _____Mobile _____
Fax _____E-mail _____
NIC # | | | | | | – | | | | | | | | – | |
Administration ID Level Admin ☐ Sales ☐

For Office Use Only

Issued ID _____
Password _____
Dated _____
Remarks_____
_____
Approved by_____
Designation_____
_____
Signature _____

User 2 Profile

Full Name _____
Designation _____
Address _____
City_____ Country _____
Postal Code _____
Phone _____Mobile_____
Fax _____ E-mail _____
NIC # | | | | | | – | | | | | | | | – | |
Administration ID Level Admin ☐ Sales ☐

For Office Use Only

Issued ID _____
Password _____
Dated _____
Remarks_____
_____
Approved by_____
Designation_____
_____
Signature _____

Section C - Signature of Authorized User & Verifier

Signature of User _____ Signature of Verifier _____
Date _____Date_____

Company Stamp

For Office Use Only

SPO Name _____
SPO Comments_____
_____

IGI Rewards ID Request Form

User 3 Profile

Full Name _____
Designation _____
Address _____
City _____ Country _____
Postal Code _____
Phone _____ Mobile _____
Fax _____ E-mail _____
NIC # ☐☐☐☐☐–☐☐☐☐☐☐☐–☐
Administration ID Level Admin ☐ Sales ☐

For Office Use Only
Issued ID _____
Password _____
Dated _____
Remarks _____
_____
Approved by _____
Designation _____
_____
Signature _____

User 4 Profile

Full Name _____
Designation _____
Address _____
City _____ Country _____
Postal Code _____
Phone _____ Mobile _____
Fax _____ E-mail _____
NIC # ☐☐☐☐☐–☐☐☐☐☐☐☐–☐
Administration ID Level Admin ☐ Sales ☐

For Office Use Only
Issued ID _____
Password _____
Dated _____
Remarks _____
_____
Approved by _____
Designation _____
_____
Signature _____

User 5 Profile

Full Name _____
Designation _____
Address _____
City _____ Country _____
Postal Code _____
Phone _____ Mobile _____
Fax _____ E-mail _____
NIC # ☐☐☐☐☐–☐☐☐☐☐☐☐–☐
Administration ID Level Admin ☐ Sales ☐

For Office Use Only
Issued ID _____
Password _____
Dated _____
Remarks _____
_____
Approved by _____
Designation _____
_____
Signature _____

Verifier Profile

Full Name _____
Designation _____
Address _____
City _____ Country _____
Postal Code _____
Phone _____ Mobile _____
Fax _____ E-mail _____
NIC # ☐☐☐☐☐–☐☐☐☐☐☐☐–☐
Administration ID Level Admin ☐ Sales ☐

For Office Use Only
Issued ID _____
Password _____
Dated _____
Remarks _____
_____
Approved by _____
Designation _____
_____
Signature _____