


## CLIENT REGISTRATION FORM FOR DCM

Registration Number	
Product Name* :	GPA
Product Type :	NON_OTC
Policy Number :	
Type of Business* :	Fresh
Customer Id* :	
Policy Start Date* :	
Policy End Date* :	
Client Name* :	Ideal Institute of pharmacy wada.
Client Touch Point Name* :	
Client Email id 1* :	principal @ idealpharmacywada.com
Client Email id 2 :	idealpharmacy3487@gmail.com
Client Email id 3 :	
Client Email id 4 :	
Client Email id 5 :	
RM Emp Id* :	
RM Name :	
CST RM Emp Id* :	
CST RM Name :	
IL Location* :	
Zone* :	West
Payment Mode* :	Cheque
CD Account Number :	
Primary Vertical* :	COB
Primary Sub Vertical* :	COB
Endorsement No :	
Business Type* :	Intermediary
Broker/Agent PF Code* :	
Broker/Agent Name* :	
Document Type (Deviation if any):	Quote

  
 Dr. Sonali Uppalwar  
 Principal  
 Ideal Institute of Pharmacy  
 Wada, Palghar

\* Mandatory

Note

To accept Soft copy (Excel) of the Form from RM, Mandatory for Policy booking  
Registration would be done from CPU end for first instance post policy generation.

Registration details would be auto fetched for all future Endorsement , request to provide accurately

Client Mail ID to be captured correctly else Interaction would be auto discarded.

Max 6 mail ID can be accepted however one mail ID is mandatory for registration

If payment mode is CD then Complete CD ac details to be provided.

if UW Rack rates/Deviation approvals to be provided and same needs to be updated in given form

CST & RM to be captured correctly.

if CST is not applicable , then RM details to be captured in both the fields

For Non domain mail Ids, Client declaration is mandatory on Letter Head.

if Endorsement needs to be processed as per quote then select Quote else select Deviation Approval in  
the field (Document Type) and provide supporting documents(UW mail)

**After first registration , any changes later would be taken care by RM by searching Policy No in  
omniflow and Edit changes and follow Maker/Checker activity**