



## CERTIFICATE OF COMPLETION

This is in reference to the application made by

## naveen kumar pandey



residing at S/O: CHANDRA PRAKASH PANDEY BARI BAG GODA SHAHRI GAZIPUR GHAZIPUR UTTAR PRADESH 233001 requesting to enroll as a Point of Sale Person.

This is to confirm that you have successfully completed the prescribed training and have also passed the examination specified for Point of Sales examination conducted by Turtlemint Insurance Broking Services Private Limited under the Guidelines on Point of Sales Person for Non-life and Health Insurers. Your personal details are as under:

PAN No.: EACPP0810H

This letter authorizes you to act as Point of Sales Person for Turtlemint Insurance Broking Services Private Limited to market products categorized and identified under the Guidelines only. In case you wish to work for another company, you are required to obtain a fresh letter from the new insurer/ insurance intermediary in order to act as Point of Sales Person for that entity.

01/10/2024

Date



Vilas D Gandre Principal Officer

 $Regd.\ \&\ Corporate\ Office: The\ Orb\ -\ Sahar,\ 4-B,\ 1st\ Floor,\ A\ Wing,\ Marol\ Village,\ Andheri\ (East),$ 

Mumbai - 400099, Maharashtra, India

Turtlemint Insurance Broking Services Private Limited

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