



FINANCIAL SERVICES AUTHORITY
SAINT VINCENT & THE GRENADINES

**APPLICATION FOR REGISTRATION AS AN INSURANCE
AGENT**

Please forward completed form to:

Financial Services Authority
2nd Floor, Reigate Building
Halifax Street
Kingstown

THE INSURANCE ACT CHAPTER 306 OF THE REVISED LAWS OF ST.VINCENT AND THE GRENADINES 2009

All sections must be completed, giving reasons for any non-completion, and ticking to confirm the inclusion of attachments where required.

1. Name of applicant

2. Postal Address

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3. Location of business premises.....

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4. Telephone number.....

5. Email Address

6. Website.....

7. Classes of insurance business for which the application is made:

- | | | | |
|-------------------------------------|--------------------------|---------------------|--------------------------|
| i. Ordinary long term | <input type="checkbox"/> | ii. Industrial Life | <input type="checkbox"/> |
| iii. Marine, aviation and transport | <input type="checkbox"/> | iv. Liability | <input type="checkbox"/> |
| v. Motor vehicle | <input type="checkbox"/> | vi. Pecuniary Loss | <input type="checkbox"/> |
| vii. Personal accident | <input type="checkbox"/> | viii. Property | <input type="checkbox"/> |

8. Will the applicant be a full-time or part-time agent?

9. Period over which the applicant was engaged in business as an insurance agent before date of application

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10. Name of Insurers on behalf of which the applicant has acted as agent before date of application.....

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11. Name of insurance company to be represented by insurance agent

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(If applicant is not a corporation)

20. Date and place of birth

21. Name of employers with whom applicant has worked at anytime prior to date of application
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The following documents are enclosed:

- Personal particulars Form completed by directors/partners/managers and individual applicants
- Certified copies of certificates attesting insurance qualifications and training of managers and other staff
- Certified copies of certificates attesting insurance experience of managers
- Agency agreement
- Power of Attorney

If the application is on behalf of a firm/ company the following additional information should also be submitted:

- Certificate of incorporation of the company
- If not locally incorporated, copy of local Registration Certificate
- Copies of Articles and memorandum of Association or other rules incorporating the applicant company
- Statement of shareholding (or of interest of partners)
- Copy of the most recent audited accounts and balance sheet

I hereby apply to be registered as an Insurance Agent in accordance with Part V of the Insurance Act Cap. 306 of the Revised Laws of St. Vincent & the Grenadines 2009 in respect of the classes of insurance business stated at question 5 above. I enclose official receipt number dated for the sum of \$..... as evidence of payment of the prescribed fee. I certify that to the best of my knowledge and belief all the information given in this application is true and correct.

Date..... Signature.....
Title

(If the application is on behalf of a firm or company affix its official stamp)
