



# FINANCIAL SERVICES AUTHORITY

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SAINT VINCENT & THE GRENADINES

## **APPLICATION FOR REGISTRATION AS AN INSURANCE BROKER**

Please forward completed form to:

Financial Services Authority  
2<sup>nd</sup> 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: .....  
.....
3. Location of business premises.....  
.....
4. Telephone number.....
5. Email Address .....
6. . Website .....
7. Insurance experience. Please complete the Personal Particulars Form in respect of each director and each manager.
8. Details of professional indemnity insurance:  
    Underwriter .....
- Policy number..... Renewal date.....
- Limit of indemnity ..... Excess.....

**PARTICULARS OF INSURANCE BROKING FIRM OR COMPANY**

*(If the applicant is an individual questions 9-16 should be omitted)*

9. Date of incorporation.....
10. Country of incorporation .....
11. If not incorporated in Saint Vincent and the Grenadines, please give
  - (a) Date of registration in Saint Vincent .....
  - (b) Name and address of principal representative .....
12. Paid-up capital .....
13. Financial year-end .....
14. Names of Directors .....

15. Names of Manager(s) who may act in the name of the company/firm .....  
.....

16. Is the firm/company a member of an association of insurance brokers or other insurance association? If so, give particulars  
.....  
.....

The following documents are enclosed:

- Personal particulars Form in respect of 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
- Copy of professional indemnity policy

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 Broker in accordance with Part V of the Insurance Act Cap. 306 of the Revised Laws of St. Vincent & the Grenadines 2009. 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)**

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