



FINANCIAL SERVICES AUTHORITY

SAINT VINCENT & THE GRENADINES

APPLICATION FOR AN INSURANCE ADJUSTER LICENCE

Please forward completed form to:

Financial Services Authority
2nd Floor, IRD Headquarters
Grenville Street
P.O Box 356
Kingstown
St. Vincent & the Grenadines

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.....

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

I hereby apply to be licenced as an Insurance Adjuster 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 of the information given in this application is true and correct.

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