



FINANCIAL SERVICES AUTHORITY

SAINT VINCENT & THE GRENADINES

APPLICATION FOR AN INSURANCE SALES REPRESENTATIVE 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. Private Address.....
- 3. Business Address.....
- 4. Telephone number
- 5. Email Address.....
- 6. Website.....
- 7. Date of Birth 8. Nationality.....

9. (a) 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"/> |

9. (b) If the application is in respect of Ordinary long-term business, indicate which of the following categories of business you propose to transact:

- | | | | |
|---------------|--------------------------|----------------|--------------------------|
| Ordinary Life | <input type="checkbox"/> | Group Life | <input type="checkbox"/> |
| Variable Life | <input type="checkbox"/> | Universal Life | <input type="checkbox"/> |

- 10. Will the applicant be full-time or part-time as a sales representative?
- 11. Name of insurer or agent you will represent.....

ENDORSEMENT OF THE INSURANCE COMPANY

I do certify that the applicant has been appointed insurance sales representative of.....
 to carry on
 the class (es) of insurance business stated above.

.....
 Signature of Manager Title Date

(Affix official stamp of the company)

- 12. Professional training in insurance (attach certificates).....
- 13. Are you a director of any insurance company, insurance brokerage company or insurance agency? Give details.

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14. Are you a member of an association of insurance salesmen or of any other professional insurance association?
Give details

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15. Have you at anytime been convicted of any offence (other than a traffic offence) by any court whether civil or military?

Give details.....

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.....

Please attach a recent (not older than six months) Police Record.

Police Record provided



16. Have you ever been censured, disciplined or publicly criticized by any professional body to which you belong or belonged or refused entry to any profession? If so, give particulars

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17. Have you ever been adjudged bankrupt by a court in St. Vincent or elsewhere? If so, give particulars

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18. Furnish on a separate sheet full details of your experience as an insurance salesman indicating:

- (a) Agent or company to which you were contracted;
- (b) The period of your contract;
- (c) The classes of insurance business transacted.

19. Give the names of your employers and the position held during the last five years:

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I hereby apply to be licenced as an insurance Sales Representative 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 in question 9 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 of the information given in this application is true and correct.

Date.....

Signature.....
