



## FINANCIAL SERVICES AUTHORITY

SAINT VINCENT & THE GRENADINES

### APPLICATION FOR RENEWAL OF AN INSURANCE AGENT LICENCE

Please forward completed form to:

Financial Services Authority  
2<sup>nd</sup> 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 -----

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4. Telephone -----

5. Email Address-----

6. Website-----

7. Name of the company/firm for which the applicant is registered as agent-----

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**ENDORSEMENT OF THE INSURANCE COMPANY**

I certify that the applicant is contracted by the -----

company and hereby endorse a renewal of licence as an insurance agent.

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Signature of Manager

Title

Date

**(Affix official stamp of the company)**

8. Name of Manager(s) who may act in the name of and on behalf of the applicant

firm/company-----  
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9. Have there been changes during the past year to any of the following:-

	<b>YES</b>	<b>NO</b>
Articles and Memorandum of association or other rules of Incorporation?	----	----
Appointment of Principal Representative?	----	----
Shareholding of the company or the interest of the partners?	----	----
Management structure?	----	----
Board of Directors?	----	----
Agency Agreement?	----	----
Power of Attorney?	----	----

If Yes, please provide details. A personal particular form is to be completed in respect of each new director or manager.

I hereby apply for the renewal of Insurance Agent Licence issued on -----,

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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