



FINANCIAL SERVICES AUTHORITY

SAINT VINCENT & THE GRENADINES

APPLICATION FOR RENEWAL OF AN INSURANCE BROKER 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 -----

5. Email Address-----

6. Website-----

7. Details of Professional Indemnity Insurance:

Underwriter-----

Policy Number-----Renewal date-----

Limit of Indemnity-----Excess-----

(Written evidence that the insurance is in force must be submitted)

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

Firm/company-----

9. Have there been changes during the past year to any of the following?

	YES	NO
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?	----	----

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 Broker 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)
