



FINANCIAL SERVICES AUTHORITY

SAINT VINCENT & THE GRENADINES

APPLICATION FOR RENEWAL OF 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. Surname of applicant Mr./Mrs/Miss -----

2. Forenames -----

3. Private address -----

4. Email Address -----

5. Name of the insurer or the agent for which the applicant is registered as sales
representative -----

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 salesman.

Signature of Manager

Title

Date

(Affix official stamp of the company)

I hereby apply for the renewal of Insurance Sales Representative 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 -----
