

PENSIONS AND INSURANCE AUTHORITY

APPLICATION FOR RENEWAL OF LICENCE

(Loss Adjustors, Assessors and Claims Agents)

1. Business name _____

2. Location of business premises _____

3. Names of Directors/Partners

4. Principal Officer _____

5. Postal Address _____

6. E-mail Address _____

7. Turnover (as at end of previous financial year) _____

Signed _____
PRINCIPAL OFFICER

DATE

PENSIONS AND INSURANCE AUTHORITY

APPLICATION FOR RENEWAL OF AN INSURANCE AGENT'S LICENCE *(COMPANIES)*

1. Business name of applicant _____

2. Names and residential address of all directors

3. Business Premises _____

4. Postal Address _____

5. State if full-time or part-time agent _____

6. If a part-time agent state principal occupation

7. Names of employees trained in dealing with insurance products

8. Classes of insurance business in which the applicant is required to transact and dates when training in the same was provided:

9. Declaration by Principal Officer of registered Insurer to be represented:

I, _____ hereby certify that to the best of my knowledge and belief the above particulars and declaration are true and correct and that the applicant/company's employees have undergone a period of training in the class or classes of insurance business that the individuals/company will be required to transact and that the said individuals/employees are competent to explain the conditions of the policies issued by this company.

Date: _____

Name of Insurer: _____

Principal Officer: _____

PENSIONS AND INSURANCE AUTHORITY

APPLICATION FOR RENEWAL OF AN INSURANCE AGENT'S LICENCE (INDIVIDUAL)

1. Business name of applicant _____

2. Names and residential address of all partners

3. Business Premises _____

4. Postal Address _____

5. State if full-time or part-time agent _____

6. If a part-time agent state principal occupation

7. Classes of insurance business in which you are required to transact and dates
when training in the same was provided:

8. Declaration by Principal Officer of registered Insurer to be represented:

I, _____ hereby certify that to the best of my knowledge and belief the above particulars and declaration are true and correct and that the applicant has undergone a period of training in the class or classes of insurance business he will be required to transact and that he is competent to explain the conditions of the policies issued by this company.

Date: _____

Name of Insurer: _____

Principal Officer: _____