

REPUBLIC OF ZAMBIA
THE INSURANCE REGULATIONS

PROVISIONAL

APPLICATION FOR A CLAIMS AGENT'S LICENCE

(To be submitted in duplicate to the Registrar of Pensions and Insurance, P/Bag 30X RW, Lusaka. This form must be typewritten or completed in block capitals in ink)

1. Name of Applicant.....
2. Residential address.....
3. Postal address.....
4. State if full-time or part time agent.....
5. If a part-time state principal occupation.....
.....
6. Have you ever been refused a Claims Agent's licence?.....
7. Has any Claims Agent's Licence issued to you ever been suspended or cancelled? If so, when...
.....
8. State:
 - (a) Date of Birth.....
 - (b) Insurance experience and qualification.....
.....
 - (c) General educational standard.....

DECLARATION BY APPLICANT

I.....

hereby apply for a Claims Agent's Licence and declare that the above particulars are true and correct

and that I have not:

- (a) been adjudged or otherwise declared bankrupt;
- (b) made an assignment to, or an arrangement or composition with, creditors which has not been rescinded;
- (c) been convicted by any court of any offence involving dishonesty, fraud or misrepresentation, an appeal against the conviction not having been brought or, if brought, having been abandoned or dismissed.

I undertake to notify the Registrar of Insurance of any material change in the particulars set out above in the facts to which my declaration relates.

Date:.....

Signed.....