



APPLICATION FOR RENEWAL OF PROVISIONAL CERTIFICATION AS A SALES REPRESENTATIVE

(Sections 110 to 124)

The Insurance (Intermediaries) Registration Regulations, 2020 ("Regulations")

TO: THE CENTRAL BANK OF TRINIDAD AND TOBAGO ("the Central Bank")

I, ("the Applicant") hereby apply for renewal of Insurance Sales Representative's Certificate of Registration (Provisional) described herein:

Current Certificate Number:

.....

Effective Period Issued (mm/dd/yyyy):

..... to

I enclose the official original receipt CB 16 dated

...../...../.....(mm/dd/yyyy)

in the amount of \$.....as evidence of payment of the prescribed fee.

Length of Current Certificate (yrs.) :

1 2 3

..... Date:

Signature of Applicant (mm/dd/yyyy)

Signature of MD/CEO/Secretary Insurer/Brokerage/Agency

MD CEO Secretary

DIRECTIONS ANSWER ALL QUESTIONS

1. Renewal applications must be submitted to the Central Bank **not later than twenty (20) business days before the anniversary date of issue of the provisional certificate of registration, in the year that the certificate expires.** The Application/Annual Fee is **\$1,000.00** for Sales Representatives (Provisional).
2. The Central Bank must be notified of all material changes in the following: home or registered address, status/ qualifications/ or particulars contained in the original in application for registration within five (5) business days of the change.
3. All work conducted by the Sales Representatives pursuant to Provisional Certificates must be signed by both the holder of the provisional certificate and the supervisor that is a registered Sales Representative/ Agent/Broker and his/her supervisor, i.e., the registered Sales Representative/ Agent/Broker.
4. The aggregate period to perform the function of a Sales Representative pursuant to provisional certification is three (3) years. On expiration of aggregate three-year period, the Employment contract, or upon obtaining the requisite qualifications, a Notice of Termination must be submitted within five (5) business days of the effective date along with the original Provisional Certificate of Registration to the Central Bank. Non-compliance will incur a penalty to the Insurer/Brokerage/Agency.
5. Where a person holding a provisional certificate under this section achieves the necessary educational qualification to be registered as a sales representative, he may apply to be registered as a sales representative no later than twenty (20) business days before the expiry of the Provisional Certificate of Registration: section 114(5) of the Insurance Act, 2018.



PARTICULARS OF APPLICATION

1 Full Name of Applicant in Block Letters:

Mr. / Mrs. / Ms. / Dr. Surname: _____ First Name: _____

2. Address: Home: _____
Mailing: _____

3. Telephone Number:  (Home) _____ (Work) _____ (Mobile) _____

4. E-mail address: _____ 5. Nationality: _____

6. Provide an explanation why examinations were not completed within the last twelve (12) months.

7. Name of Insurer / Brokerage/ Agency for which/with whom the applicant is registered as a sales representative:

8. Registered Address of Insurer/Brokerage/Agency:

Instructions for No. 9: The Managing Director/CEO of the Insurer / Brokerage /Agency must have the appropriate delegation/ authority from the Board of Directors to endorse this application by signing and stamping the same Application. Appropriate corporate governance mechanisms must be implemented to that effect, if not already in place.

9. Endorsement of Insurer/Brokerage/Agency:

I certify that to the best of my knowledge and belief all of the information given in this application is true and correct.



Imprint the Stamp of Insurer/Brokerage/Agency

Signature of Managing Director
Insurer/Brokerage/Agency Date
(mm/dd/yyyy)

Name
(BLOCK LETTERS)

10. I certify that the information above is true and correct.

Signature of Sales Representative (Provisional) Date
(mm/dd/yyyy)

Name
(BLOCK LETTERS)



**SALES REPRESENTATIVE
(PROVISIONAL-RENEWAL)
CHECKLIST**

TO BE COMPLETED BY APPLICANT

SUPPORTING DOCUMENTS:

- 1. PROOF OF PAYMENT (\$1,000.00)
- 2. WRITTEN EXPLANATION FOR FAILING TO RENEW/ COMPLETING QUALIFICATIONS

SUBMITTED

Signature: _____ Date: _____ (mm/dd/yyyy)
APPLICANT

The Company verifies that due diligence¹ was conducted and all questions on the application form were completed.

COMPANY STAMP: _____
 (INSURER/BROKERAGE/AGENCY)

 SIGNATURE CEO/
 Managing Director of
 Insurer/Brokerage/ Agency
 Date _____ (mm/dd/yyyy)

Name in **BLOCK LETTERS:**

¹ Due Diligence - The Company confirms that to the best of their knowledge, they have conducted the requisite searches and the Applicant does not have any past or pending criminal charges.