

FIRST SCHEDULE

FORM 4

No. ....

Date Received .....



CENTRAL BANK OF  
TRINIDAD & TOBAGO

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)  
(REGISTRATION) REGULATIONS, 1982

**APPLICATION FOR REGISTRATION AS ADJUSTER**

TO: THE CENTRAL BANK OF TRINIDAD AND TOBAGO

I hereby apply on my own behalf\*/on behalf of the firm\*/company named below for registration to carry on the business of Insurance Adjuster in respect of the class/classes of insurance business stated in section B or\* E herein.

I enclose official receipt No. .... dated .....  
as evidence of payment of the registration fee.

Signature .....

Title .....

Date .....

2. Name of Firm/Company .....

3. Principal Address in Trinidad and Tobago .....

.....  
Telephone No. ....

*\* Delete whichever is not applicable.*

**DIRECTIONS**

1. Where the information required cannot be accommodated on the form of application it should be supplied as an appendix on separate sheets of paper using the same numbering and sub-lettering contained in the application.
2. A separate sheet should be used for each person about whom information is to be supplied under item 18 of section F.
3. The certificate at the end of the application must be signed by two Directors of the Company and by the Manager or Secretary or by partners in the case of a partnership.
4. "Class/classes of insurance business" means the classes of insurance business listed in the First Schedule to the Insurance Act, 1980.
5. "Controller" has the same meaning as defined in the Insurance Act, 1980.
6. "Officer or officers" in section G19 refers to the officer or officers to be specified in the Certificate of registration who may act thereunder in the name of the company.

PARTICULARS OF APPLICATION

PART I

(Applicable to an Individual)

**A PERSONAL PARTICULARS OF APPLICANT**

- 1. Full name in block letters Mr./Mrs./Miss .....
- 2. Address .....
- 3. Date of Birth ..... 4. Nationality .....
- 5. (1) Present Occupation .....
- (2) Employer .....

**B PARTICULARS OF REGISTRATION**

- 6. Indicate by a tick in the appropriate box-the class/classes of insurance business in respect of which this application for registration is made.
  - (i) Liability
  - (ii) Marine, Aviation and Transport
  - (iii) Motor Vehicle
  - (iv) Pecuniary Loss
  - (v) Personal Accident
  - (vi) Property
- 7. Other class/classes of insurance business in respect of which you are now registered.
- 8. Details of any previous registration which was cancelled including the reason for cancellation.

**C QUALIFICATION AND EXPERIENCE**

- 9. List all of your qualifications and forward copies of your certificates.
- 10. Furnish on a separate sheet full details of your experience as an insurance adjuster giving dates and the names of the firm/company with which you were employed.

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

Signature of Applicant.....

Date .....

PART II  
(Applicable to a firm/company)

D PARTICULARS OF THE FIRM/COMPANY

- 11. The name of the person resident in Trinidad and Tobago appointed as principal representative.
- 12. Date and place of incorporation or formation:
- 13. Summary of main objects:
- 14. The amount of:-
  - (i) Authorised capital
  - (ii) Paid up capital

E PARTICULARS OF BUSINESS

- 15. Indicate by a tick in the appropriate box the class/classes of insurance business in respect of which this application is made.

(i) Liability	<input type="checkbox"/>	(ii) Marine, Aviation and Transport	<input type="checkbox"/>
(iii) Motor Vehicle	<input type="checkbox"/>	(iv) Pecuniary Loss	<input type="checkbox"/>
(v) Personal Accident	<input type="checkbox"/>	(vi) Property	<input type="checkbox"/>
- 16. Other class/classes of insurance business in respect of which the firm/company is now registered.
- 17. Details of any previous registration which was cancelled including the reason for cancellation.

F PERSONAL PARTICULARS OF DIRECTORS, CONTROLLERS, SENIOR OFFICIALS AND PARTNERS

- 18. In respect of each of the following give the particulars required by (a) to (g) below:
  - (i) Directors.
  - (ii) Controllers.
  - (iii) Managers and other senior officials authorised to act in the name of the firm/company.
  - (iv) Partners.
    - (a) Full name.
    - (b) Address.
    - (c) Nationality.
    - (d) Date of Birth
    - (e) Place of Birth.
    - (f) Details of training and experience (Forward copies of certificates)
    - (g) Whether each partner of the firm is registered or has applied for registration as adjuster.

G GENERAL INFORMATION

- 19. The officer or officers to be specified in the Certificate of registration of the company. (See Direction No. 6 on page 1).

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

Signature .....

Title .....

Indicate official designation  
(See Direction No. 3 on Page 1)

Signature .....

Title .....

Signature .....

Title .....

Date .....