

FOURTH SCHEDULE

FORM 1



CENTRAL BANK OF  
TRINIDAD & TOBAGO

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

**APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION AS AGENT**

TO: THE CENTRAL BANK OF TRINIDAD AND TOBAGO

I hereby apply for the renewal of Insurance Agent Certificate of Registration No .....

Issued on .....

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

Date ..... Signature of Applicant .....

Position in Firm/Company .....

**PARTICULARS**

1. Full name of Applicant .....  
*Individual/Firm/Company*

2. Address .....

3. Name of Insurance Company for which the applicant is registered as Agent .....

.....

4. Address .....

5. Endorsement of Insurance Company:

I certify that the information in item 3 above is true and correct.

\*Signature .....

(Affix Official Stamp)

Title .....

6. Name of officers who will act in the name of and on behalf of the applicant company:

.....

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

.....

Signature

.....

Position in Firm/Company

\*To be signed by the Chief Executive of the Company.