

FOURTH SCHEDULE

FORM 3



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

APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION AS BROKER OR ADJUSTER

TO: THE CENTRAL BANK OF TRINIDAD AND TOBAGO

I hereby apply for the renewal of Insurance Broker*/Adjuster Certificate of Registration

No Issued on

I enclose official receipt No dated

as evidence of payment of the prescribed fee.

..... Signature of Applicant

Date Position in Firm/Company

PARTICULARS

1. Full name of Applicant (Individual/Firm/Company)

2. Address

3. If a Broker, give details of professional indemnity insurance as follows:

(a) Underwriter

(b) Policy No (c) Renewal date

(d) Limit of Indemnity (e) Excess

(Written evidence that the insurance is in force must be submitted)

4. Name of the 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.

(Affix Official Stamp)

..... Signature

Date Position in Firm/Company

*Delete whichever is not applicable.