



APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION AS AN INSURANCE CONSULTANT (INDIVIDUAL/ CORPORATE)

(Sections 110 to 124)
The Insurance (Intermediaries) Registration Regulations, 2020 ("Regulations")

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

I, _____ (BLOCK LETTERS) hereby apply for the renewal of the Certificate of Registration described herein on behalf of:

☐

an Insurance Consultant (Individual) named as _____

BLOCK LETTERS

OR

☐

as an Insurance Consultant (Corporate) registered as _____

BLOCK LETTERS

Current Certificate Number:

Length of Current Certificate (yrs.):

1

☐

2

☐

3

☐

Effective Period Issued (mm/dd/yyyy):

_____ to _____

Date:

I enclose the official original receipt CB 16 dated

_____ (mm/dd/yyyy)

Signature of Applicant (Individual) _____ (mm/dd/yyyy)

OR

Signature of Applicant Insurance Consultant (Corporate) _____ (mm/dd/yyyy)

Position in Agency (MD/CEO/Secretary)

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 expiration of the certificate of registration.** The Application/ Annual Fee is **\$6,500.00.**
2. The Central Bank must be notified of all changes in the following: home/registered address, directors and secretary (in the case of a company) and in any other material changes in the insurance consultant's status or particulars contained in the original application for registration, within five (5) business days of the change.
3. The Insurance Consultant must notify the Central Bank of its intention to cease operations at least twenty business days (20) before the effective date of closure.
4. According to section 112(4) of the Insurance Act, 2018, no person carrying on business as an insurance consultant shall -
(a) carry on business as a Broker, Sales Representative, Agent or Adjuster; or
(b) carry on the business of an Insurance Agency or the business of an Insurance Brokerage.



PARTICULARS OF APPLICATION

A. PERSONAL PARTICULARS OF APPLICANT


1. Full Name of the Insurance Consultant (Individual) in Block Letters:

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

OR Full Registered Name of Insurance Consultant Company:

2. Address: (Home) _____

(Registered) _____

3. Telephone Number:  (Home) _____ (Work) _____ (Mobile) _____
(For Individuals only)

4. E-mail Address: _____

5. Nationality: _____
(For Individuals only)

B. PARTICULARS OF REGISTRATION

Nos. 6 applies to Insurance Consultants (Individual) only

Instructions for No. 6: Please enclose CPD return and the written verification from the approved educational institution with this application for renewal of registration. The CPD return must be endorsed by the insurance consultant company with which you are employed. If your CPD hours were prorated, enclose evidence to support a proration in accordance with regulation 12(3) of the Regulations

6. (a) Have you met the CPD requirements for the period? ☐ Yes ☐ No
- (b) If No, was a prorated CPD granted? ☐ Yes ☐ No
- (c) If Yes to (a) above, how many credits were earned? ☐ 12 ☐ >12
- (d) If more than 12, indicate the number of credits carried forward ☐ 1 ☐ 2
- (e) Indicate the name of the Approved Educational Institute(s) and the reason for pro rating in accordance with regulation 12(3) of the Regulations.

(f) Indicate the CPD points earned in the following areas:

- Insurance Business (Minimum 4 hrs.)
- Ethics (Minimum 4 hrs.)
- Laws and Regulations (Minimum 2 hrs.)
- Other¹ (Specify) (Minimum 4 hrs.)

In addition to CPD on insurance business, ethics and legislation, Consultants may undergo CPD in other areas relevant to the business they carry on (e.g. training on sales and customer relations, new technological developments, etc.)



PARTICULARS OF APPLICATION

Nos. 7, 8, 9 and 10 apply to Insurance Consultant (Company) only.

7. Has the latest Annual Returns for your Insurance Consultant company been filed with the Registrar of Companies?

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Yes

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No

If Yes, please provide a certified copy of the Company's Annual Return;

If No, provide an explanation:

8. Name of the individual Consultant(s) who will act in the name of and on behalf of the company:

9. Have there been any material changes in the Board of Directors, controlling shareholder or significant shareholder of the Company?

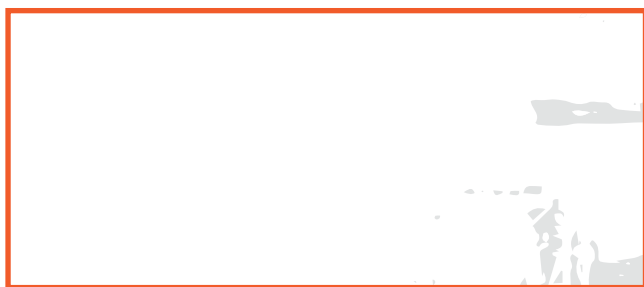
Yes ☐

No ☐

If Yes, complete and submit a Personal Questionnaire Declaration for the new Director(s) controlling shareholder or significant shareholder

Instructions for No. 10 The Managing Director/CEO of the Insurance Consultancy Company and the Secretary of the Insurance Consultancy Company must endorse this application by signing and stamping this form. Appropriate corporate governance mechanisms must be implemented to that effect, if not already in place.

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



Imprint Consultancy Company Stamp

Name of Managing Director/CEO of the Consultancy Company:

(Block Letters):

Signature

Date

(mm/dd/yyyy)

Name of Secretary of the Consultancy Company:

(Block Letters):

Signature

Date

(mm/dd/yyyy)



PARTICULARS OF APPLICATION

Instructions for No. 11: The Insurance Consultant (Individual) must endorse this application by signing:

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

Name of Insurance Consultant (Individual)

----- (Block Letters):

Signature ----- Date -----
(mm/dd/yyyy)



PARTICULARS OF APPLICATION

INSURANCE CONSULTANT CHECKLIST (INDIVIDUAL)

SUPPORTING DOCUMENTS:

1. CPD RETURN
2. PROOF OF PAYMENT OF APPLICABLE FEE (\$6,500.00)
3. PQD FOR DIRECTORS (WHERE APPLICABLE)
4. ALL QUESTIONS ON THE APPLICATION ARE COMPLETED

SUBMITTED

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INSURANCE CONSULTANT CHECKLIST (COMPANY)

SUPPORTING DOCUMENTS:

1. ANNUAL RETURN
2. AUDITED FINANCIAL STATEMENTS
3. PROOF OF PAYMENT OF APPLICABLE FEE (\$6,500.00)

SUBMITTED

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

☐

Imprint Consultant Company Stamp

Name of Consultant Applicant

(Block Letters)

Signature

Date

(mm/dd/yyyy)

Name of Managing Director/CEO of the Consultancy Company:

(Block Letters)

Signature

Date

(mm/dd/yyyy)