



APPLICATION FOR REGISTRATION AS AN INSURANCE CONSULTANT (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 on behalf of the company, named below (the Applicant), to carry on business as an Insurance Consultant in respect of the class/classes of Insurance business stated in **section B** herein.

- ☐ First Application for Registration.¹
- ☐ Application for Re-Registration, where an Insurance Consultant has failed to submit an application for renewal at least twenty (20) business days before the expiration of the Certificate of Registration.

DIRECTIONS ANSWER ALL QUESTIONS

1. The term "Class/Classes of Insurance business" means the classes of Insurance Business listed in Schedule 1 of the Insurance Act, 2018.
 2. "Controlling shareholder" and "significant shareholder" have the same meaning as the definitions in the Insurance Act, 2018.
 3. This application must be accompanied by the following for each Director, Significant or Controlling Shareholder, Officer and Insurance Consultant:
 - ☐ A Personal Questionnaire and Declaration Form;
 - ☐ A Certificate of Character issued by the Trinidad and Tobago Police Service within the last six months (**original or certified copy**);
 - ☐ A copy of a valid form of photo identification (DP, PP, National ID) (**certified**);
 - ☐ An up-to-date Curriculum Vitae (signed and dated).
- In addition:
- ☐ The official receipt CB16 obtained from the Central Bank on payment of the registration fee of **\$6,500.00** for an Insurance Consultant (Company);
4. For a corporate body the following documents must be submitted:
 - i. Notice of Directors/Notice of Change of Directors;
 - ii. Notice of Secretary/Assistant Secretary/ Notice of Change of Secretary;
 - iii. Articles of Incorporation;
 - iv. Certificate of Incorporation;
 - v. Bye laws or other constituent document;
 - vi. Annual Return (for Companies in operation for more than 1 year).
 - vii. Notice of Registered Address
 5. (a) The certificate in **Section C** must be signed by the Managing Director/CEO of the Insurance Consultant (Company); and the Corporate Secretary of the Insurance Consultant (Company); and
(b) Imprint the official stamp of the Insurance Consultant (Company).


¹ The first application for registration refers to the initial application submitted to be registered as an Insurance Consultant for the first time or when applying to be registered with **a new class or type** of insurance business.



PARTICULARS OF APPLICATION

6. The Central Bank must be notified of all changes in the following particulars within five (5) business days of the change: 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.

A. PERSONAL PARTICULARS OF APPLICANT

1. Full Registered Name of Consultancy Company:
2. Address: (Home)
(Registered)
3. (a) Telephone Number:  (Work) (Mobile)
(b) Fax Number:
(c) E-mail address:
(d) Endorsement of the Insurance Consultant Company:
4. The name of the person resident in Trinidad and Tobago appointed as Managing Director/Chief Executive Officer of the Insurance Consultant Company.
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5. Date and place of incorporation or formation:
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.....
6. As per the Applicant's incorporation and other constituent documents, the amount of:
(i) Authorised capital:
(ii) Paid up capital:



PARTICULARS OF APPLICATION

B. PARTICULARS OF REGISTRATION

7. Indicate by a tick in the appropriate box the class/classes of Insurance business in respect of which the Insurance Consultant will provide advice.

Types and Classes of Insurance Business

LONG TERM INSURANCE

- (i) Accident and Sickness ☐
- (ii) Disability Income ☐
- (iii) Industrial Life ☐
- (iv) Life ☐

GENERAL INSURANCE

- (v) Liability ☐
- (vi) Marine, Aviation and Transport ☐
- (vii) Motor Vehicle ☐
- (viii) Pecuniary Loss ☐
- (ix) Personal Accident Short Term ☐
- (x) Property ☐
- (xi) Workers Compensation ☐

(a) Have this company been formerly regulated by the Central Bank of Trinidad and Tobago?

(b) Details of any previous registration which was terminated or cancelled including the reasons for cancellation/termination, including the date and reason.

8. List all qualifications and supporting evidence on a separate sheet labelled **Appendix 1**. It should state the Examination Name, Date, Pass Grade, and Examining Body.

C. GENERAL INFORMATION

9. Are you registered as an insurance intermediary? Yes ☐ No ☐

10. Are you a member of an Insurance Association? If so, give the name and address of the Association.

11. Will you act part time as an Insurance Consultant? Yes ☐ No ☐

If yes, please give details/other employment

12. Have you submitted the required current Annual Returns to the Registrar of Companies? Yes ☐ No ☐
If Yes, please provide a copy of the Annual Return; if No, provide an explanation.

13. What is the financial year end of the company? -----
(mm/dd/yyyy)

Instructions for No. 14:

(a) The signature of the Managing Director/CEO must have the appropriate delegation from the Board of Directors of the Insurance Consultancy Company to sign and stamp this form. Appropriate corporate governance mechanisms must be implemented to that effect, if not already in place.

(b) At least two directors or Managing Director and Secretary 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.



PARTICULARS OF APPLICATION

14. We certify that to the best of our 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 Insurance Consultancy Company
(Block Letters):

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

Name of Director (Block Letters):

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

Name of Secretary of the Insurance Consultancy Company
(Block Letters):

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

PARTICULARS OF APPLICATION

INSURANCE CONSULTANT (COMPANY) CHECKLIST

SUPPORTING DOCUMENTS:

1. ANNUAL RETURN
2. AUDITED FINANCIAL STATEMENTS (WHERE APPLICABLE)
3. PROOF OF PAYMENT OF APPLICABLE FEE (\$6,500.00)
4. PERSONAL QUESTIONNAIRE DECLARATION FORM (ALL DIRECTORS & OFFICERS)
5. POLICE CERTIFICATE OF CHARACTER (ALL DIRECTORS & OFFICERS)
6. PHOTO IDENTIFICATION (ALL DIRECTORS & OFFICERS)
7. PROOF OF QUALIFICATIONS/ EXEMPTIONS
8. ARTICLES OF INCORPORATION
9. CERTIFICATE OF INCORPORATION
10. NOTICE OF REGISTERED ADDRESS
11. BYE-LAWS
12. NOTICE OF DIRECTORS/CHANGE OF DIRECTORS
13. NOTICE OF SECRETARY/CHANGE OF SECRETARY
14. CURRICULUM VITAE (SIGNED & DATED) (ALL DIRECTORS & OFFICERS)

SUBMITTED

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Name of the CEO/Managing Director of the Insurance Consultancy Company (Block Letters):

Signature

Date _____

(mm/dd/yyyy)

Imprint Consultant Company Stamp