



APPLICATION FOR REGISTRATION AS AN INSURANCE CONSULTANT (INDIVIDUAL)

(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), (the Applicant), hereby apply to carry on business as an **Insurance Consultant** in respect of the class(es) 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. The application must be accompanied by:
 - ☐ 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)**; and
 - ☐ An up-to-date Curriculum Vitae **(signed and dated)**;
3. In addition, please provide a copy of:
 - ☐ (a) The official receipt CB16 obtained from the Central Bank on payment of the registration fee of **\$6,500.00** for an Insurance Consultant; and
 - ☐ (b) Proof of professional qualifications and oversight by a professional body in the Insurance Consultant's professional capacity;
4. The certificate in **Section E** must be signed by the applicant and the application form must be completed by the Insurance Consultant;
5. 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.

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

A. PERSONAL PARTICULARS OF APPLICANT

1. Full name of Consultant: Mr. ☐ / Mrs. ☐ / Ms. ☐ / Dr. ☐ _____
2. Address: (Home) _____
(Mailing) (if different from above): _____
3. Date of Birth: _____ 4. Age: _____
5. Nationality: _____
6. Telephone Number:  (Home) _____ (Work) _____ (Mobile) _____
7. Fax Number: _____
8. E-mail address: _____ 9. Occupation: _____
10. Name of Insurance Consultant Company recommending the applicant (if applicable): _____

B PARTICULARS OF REGISTRATION

11. 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 ☐

12. Give the names of your previous employers and the positions held during the last ten (10) years.

13. (a) Have you been employed by an institution that was 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.



PARTICULARS OF APPLICATION

14. 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

15. Are you registered as an insurance intermediary? Yes ☐ No ☐
16. Are you a member of an Insurance Association? If so, give the name and address of the Association.

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

If Yes, give details of other employment.

D. TRAINING, QUALIFICATIONS AND ASSESSMENTS

18. Reference is made to Question 3 at Direction 3(b) above, indicate the state qualifications received. In the absence of qualifications pertaining to state qualifications, kindly provide an assessment of your experience and qualifications from Trinidad and Tobago Insurance Institute (TTII).

☐ Tick this box if you were exempted from the examinations referred to in the Insurance (Agents, Brokers, Salesmen and Adjusters) (Registration) Regulations No. 12 of 1982 by the Central Bank.

Instructions for No. 19: 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 Consultancy with which you are employed. If your CPD hours were pro-rated, enclose evidence to support a pro-ration in accordance with regulation 12(3) of the Regulations.

E. CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

19. (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.² 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.

² Whereas an Insurance Consultant earns a CPD in excess of the minimum yearly requirement referred to in regulation 12(1) of the Regulations, up to two of the excess CPD hours may be carried into the following CPD year.



PARTICULARS OF APPLICATION

(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.)
- Other³ (Specify): (Minimum 2 hrs.)

Instructions for No. 20: The Insurance Consultant (Individual) must endorse this application by signing and dating this form.

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

.....
Signature of the Applicant/Individual Consultant

Date:
(mm/dd/yyyy)

Instructions for No. 21:

1. Item 21 applies to Applicant's that will be operating under and on behalf of an Insurance Consultancy Company;
2. The Insurance Consultant's Company, through its Managing Director/CEO on behalf of the Board of Directors, must have the appropriate delegation or authority to endorse this application by signing and stamping this form. Appropriate corporate governance mechanisms must be implemented to that effect, if not already in place.

21. We certify that the Applicant is employed with the above named Insurance Consultant Company (**at #10**)



Imprint Consultant Company Stamp

Name of Managing Director/CEO of the Company:

..... (Block Letters):

Signature: Date:
(mm/dd/yyyy)

Name of Secretary of the Company:

..... (Block Letters):

Signature: Date:
(mm/dd/yyyy)

³ In addition to CPD on insurance business, ethics and legislation, Insurance 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

INSURANCE CONSULTANT (INDIVIDUAL) CHECKLIST

SUPPORTING DOCUMENTS:

1. CPD RETURN
2. PROOF OF PAYMENT OF APPLICABLE FEE (\$6,500.00)
3. PERSONAL QUESTIONNAIRE DECLARATION FORM
4. POLICE CERTIFICATE OF CHARACTER
5. PROOF OF QUALIFICATIONS/EXEMPTIONS
6. CURRICULUM VITAE (SIGNED & DATED)

SUBMITTED

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The insurance consultant 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 -----
(Where Applicable) (mm/dd/yyyy)

Name of Managing Director/CEO of the Consultancy Company:

----- (Block Letters):
Signature ----- Date -----
(mm/dd/yyyy)