



APPLICATION FOR PROVISIONAL CERTIFICATION AS A SALES REPRESENTATIVE

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

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

I, _____ ("the Applicant") hereby apply for registration to carry on the business of Insurance as a Sales Representative (Provisional) in respect of the class(es) of Insurance business stated in section B herein.

- ☐ First Application for Registration.¹
- ☐ Application for -Registration, where a Sales Representative (Provisional) has failed to re-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 of Insurance business" means the classes of Insurance Business listed in Schedule 1 of the Insurance Act, 2018.
2. (a) The certificate in **Section C** must be signed by the Chief Executive Officer/ Managing Director and the Secretary of the Insurer/ Brokerage/Agency. All certification should be conducted by the Officers identified above.
(b) Imprint the official stamp of the Insurer/ Brokerage/Agency.
(c) The Applicant must sign at the end of Section D.
3. This application must be accompanied by:
 - ☐ The official receipt CB16 obtained from the Central Bank on payment of the registration fee of \$1,000.00 for a Sales Representative (Provisional);
 - ☐ A Personal Questionnaire and Declaration Form;
 - ☐ Copy of the Employment Contract;
 - ☐ A Certificate of Character issued by the Trinidad and Tobago Police Service within the last six months (original or certified copy);
 - ☐ A copy (in colour) of a valid form of photo identification (DP, PP, and National ID) (certified);
 - ☐ Curriculum Vitae (signed and dated);
 - ☐ Written explanation for failing to submit an application for renewal not later than twenty (20) business days before the expiration of the Certificate of Registration (where applicable); and
 - ☐ Notice of Termination from previous insurer/brokerage/agency (where applicable).
4. All work conducted by the Sales Representatives pursuant to Provisional Certificates must be signed by both the holder of the provisional certificate and the supervisor that is a registered Sales Representative/ Agent/Broker.
5. The aggregate period to perform the function of a Sales Representative pursuant to provisional certification is three (3) years. On expiration of aggregate three-year period, the Employment contract, or upon obtaining the requisite qualifications, a Notice of Termination must be submitted within five (5) business days of the effective date along with the original Provisional Certificate of Registration to the Central Bank. Non-compliance will incur a penalty to the Insurer/Brokerage/Agency.
6. Where a person holding a provisional certificate under this section achieves the necessary educational qualification to be registered as a Sales Representative, he may apply to be registered as a Sales Representative no later than twenty (20) business days before the expiry of the Provisional Certificate of Registration: section 114(5) of the Insurance Act, 2018.
7. The Central Bank must be notified of all changes in home address and any material changes in the registration particulars within five (5) business days of the change.

¹ The first application for registration refers to the initial application a person submits to be registered as a Sales Representative (Provisional) with an insurer/brokerage/agency. The person does not have the educational qualification required to be fit and proper for registration as a Sales Representative and must be supervised by a registered Sales Representative/Agent/Broker.



PARTICULARS OF APPLICATION

A. PERSONAL PARTICULARS OF APPLICANT

1. Full Name of Applicant in Block Letters:

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

2. Address: Home: _____

Mailing (if different from above): _____

3. Date of Birth: _____ (mm/dd/yyyy) 4. Age: _____

5. Nationality: _____

6. Telephone Number:  (Home) _____ (Work) _____ (Mobile) _____

7. Fax Number: _____

8. E-mail address: _____ 9. Occupation: _____

10. Are you a member of any Insurance Association in Trinidad and Tobago? Yes ☐ No ☐
If so, give the name and address of the Association.

Name: _____

Address: _____

B. PARTICULARS OF REGISTRATION

11. Indicate by a tick in the appropriate box the class/classes of Insurance business in respect of which this application for registration is made.

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 ☐

Instructions for No. 12: This question only applies to Sales Representatives (Provisional) who are applying to be registered under a new class/type of insurance business with a new insurer/brokerage/agency, or are required to submit a new application or after having missed the deadline to submit an application for renewal of registration. This question does not require a repeat of your answers to question 11.

12. Other Class/Classes and/or Type of Insurance Business in respect of which you are now, or were previously, registered as a Sales Representative (Provisional).



PARTICULARS OF APPLICATION

13. Details of any previous registration which was terminated or cancelled including the reasons for cancellation and the effective date(s).

C. QUALIFICATION AND EXPERIENCE:

14. (a) Furnish on a separate sheet full details of your experience as a Sales Representatives with Provisional Certification: giving dates and the name of the firms or company in which you were registered as a Sales Representative with a Provisional Certificate (**where applicable**). Provide a written explanation for failing to complete examinations (**where applicable**).

15. (a) Name of Insurer, Brokerage or Agency with whom the Applicant is employed at the time of the application and who is giving the endorsement at item 16 below.

(b) Address of Insurer or Brokerage or Agency.

(c) Endorsement of Insurer or Brokerage or Agency.

Instructions for No. 16: The Insurer/Brokerage/Agency, 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.

16. We certify that the Applicant is employed with the above named Insurer/Brokerage/Agency (at #15) which has been registered under the Insurance Act, 2018 to carry on the classes of insurance business listed herein.



Imprint the Stamp of Insurer/Brokerage/Agency

Name of Managing Director/CEO of the Insurer/Brokerage/Agency
(Block Letters):

Signature:

Date:

(mm/dd/yyyy)

Name of Secretary of Insurer/Brokerage/Agency (Block Letters):

Signature:

Date:

(mm/dd/yyyy)



PARTICULARS OF APPLICATION

D GENERAL INFORMATION

17. Are you registered as an Insurance Consultant? Yes ☐ No ☐

18. Are you a significant or controlling shareholder, director, officer or an employee of an Insurer/Brokerage/Agency?

Yes ☐ No ☐

If Yes, give details.

19. Will you act part time as a Sales Representative? Yes ☐ No ☐

If Yes, please give details of other employment.

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

Date: _____
(mm/dd/yyyy)

Signature of Applicant: _____



SALES REPRESENTATIVE PROVISIONAL CHECKLIST

TO BE COMPLETED BY APPLICANT

SUPPORTING DOCUMENTS:

1. PERSONAL QUESTIONNAIRE DECLARATION FORM
2. POLICE CERTIFICATE OF CHARACTER (ORIGINAL/CERTIFIED)
3. PROOF OF PAYMENT OF APPLICATION FEE (\$1,000.00)
4. CURRICULUM VITAE (SIGNED & DATED)
5. COPY OF PHOTO IDENTIFICATION (VALID, READABLE & CERTIFIED)
6. EMPLOYMENT CONTRACT
7. NOTICE OF TERMINATION (WITH ORIGINAL CERTIFICATE) WHERE APPLICABLE
8. WRITTEN EXPLANATION FOR FAILING TO COMPLETE EXAMINATIONS
(WHERE APPLICABLE)
9. OTHER: _____

SUBMITTED

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Signature: _____ Date: _____
APPLICANT (mm/dd/yyyy)

The Company verifies that due diligence² was conducted and all questions on the application form were completed.

☐

COMPANY STAMP: _____
(INSURER/BROKERAGE/AGENCY)

SIGNATURE CEO/
Managing Director of
Insurer/Brokerage/ Agency

Date: _____
(mm/dd/yyyy)

Name in **BLOCK LETTERS:**

² Due Diligence - The Company confirms that to the best of their knowledge, they have conducted the requisite searches and the Applicant does not have any past or pending criminal charges.