



APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION 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, _____ (BLOCK LETTERS) ("the Applicant") hereby apply for the renewal of Insurance Sales Representative's Certificate of Registration described herein:

Current Certificate Number:

Effective Period Issued:

_____ to _____

I enclose the official original receipt CB 16 dated

_____ (mm/dd/yyyy)

in the amount of \$ _____ as evidence
of payment of the prescribed fee.

Length of Current Certificate (yrs.) :

1 ☐ 2 ☐ 3 ☐

Date:

Signature of Applicant

Signature of MD/CEO/Secretary
Insurer/Brokerage/Agency

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 anniversary date of issue of the certificate of registration, in the year that the certificate expires.** The Application/Annual Fee is **\$1,000.00** for Sales Representatives. If you do not submit your application within that time frame, you must submit a new application for registration.
2. The Insurer/Brokerage/Agency must ensure that evidence of qualifications have been submitted in accordance with sections 113(2)(f) and 119 of the Insurance Act, 2018, before submitting the renewal form.
3. The Central Bank must be notified of all material changes in the following particulars within five (5) business days of the change: home or registered address, status/ qualifications/ or particulars contained in the original in application for registration.
4. Where a Sales Representative enters into a new contract with a relevant registrant, the Sales Representative must reapply for registration before carrying on insurance business with that registrant.
5. On expiration of the Sales Representative's employment contract with the Insurer/Brokerage/Agency (whether through effluxion of time or termination), a Notice of Termination must be submitted within five (5) business days of the effective date along with the original Certificate of Registration to the Central Bank. Non-compliance will lead to a penalty to the Insurer/Brokerage/Agency pursuant to sections 123(1), 254(3), and 260 of the Insurance Act, 2018.



PARTICULARS OF APPLICATION

1 Full Name of Applicant in Block Letters:

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

2 Address: Home: _____

Mailing (if different from above): _____

3 Telephone Number:  (Home) _____ (Work) _____ (Mobile) _____

4 E-mail address: _____ 5. Nationality: _____

6 Occupation: _____

Instructions for No. 7: 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 Insurer/Brokerage/Agency 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.

7. 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 1 ☐ 2 ☐
- (e) Indicate the name of the Approved Educational Institute(s) and the reason for prorating 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.)
- Other² (Specify): _____ (Minimum 2 hrs.)

8. Are you a significant or controlling shareholder, director, officer or other employee of a brokerage or insurer?

Yes ☐ No ☐

If Yes, please give details/other employment.

¹ Where a Sales Representative earns 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. (See Regulation 13(3)).

² In addition to CPD, on insurance business, ethics, and legislation a Sales Representative 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

9. Name of Insurer / Brokerage/ Agency for which/with whom the applicant is registered as an Sales Representative.

10. Registered Address of Employer.

Instructions for No. 11: The Managing Director/CEO of the Insurer / Brokerage /Agency must have the appropriate delegation/ authority from the Board of Directors to the endorse this application by signing and stamping the same. Appropriate corporate governance mechanisms must be implemented to that effect, if not already in place.

11. Endorsement of Insurer/Brokerage/Agency:

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



Imprint the Stamp of Insurer/Brokerage/Agency

Signature of Managing Director
/CEO of Insurer/Brokerage/Agency

Date
(mm/dd/yyyy)

Name
(BLOCK LETTERS)

12 I certify that the information above is true and correct.

Signature of Sales Representative

Name
(BLOCK LETTERS)



**SALES REPRESENTATIVE
(RENEWAL)
CHECKLIST**

TO BE COMPLETED BY APPLICANT

SUPPORTING DOCUMENTS:

1. PROOF OF PAYMENT (\$1,000.00)
2. EXAMINATION RESULTS & UPDATED CURRICULUM VITAE (where applicable)
3. CPD RETURN
4. OTHER

SUBMITTED

☐
☐
☐
☐

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

The Company verifies that due diligence³ was conducted and all questions on the application form were completed.

☐

COMPANY STAMP: _____
(Insurer/Brokerage/ Agency)

Date: _____
(mm/dd/yyyy)
SIGNATURE CEO/
Managing Director of
Insurer/Brokerage/ Agency

Name in **BLOCK LETTERS.**

³ 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.