



**APPLICATION FOR REGISTRATION OF
INSURANCE CONSULTANT
(Applicable to Companies or Partnerships)**

(if necessary, applicant may continue a response on an attached page)

1. Name of company or other body.....
.....
2. Principal address in
Jamaica.....
.....
3. Date and place of incorporation or formation
.....
4. Registration number of the company under the Companies
Act.....
5. Summary of main or proposed main objects of the company (attach Articles and Memorandum
of Association or other constitution documents)
.....
.....
.....
6. Amount of authorised and paid-up capital (attach latest audited Profit and Loss Account and
Balance Sheet).....
.....
7. Give names, place and date of birth of each director, manager or partner and senior
officer.....
.....
.....
.....
8. Relevant classes of business for which it is hoped to carry on business as an insurance
consultant in Jamaica

<input type="checkbox"/> Accident Insurance Business	<input type="checkbox"/> Liability Insurance Business
<input type="checkbox"/> Marine Aviation and Transport	<input type="checkbox"/> Motor Vehicle Insurance Business
<input type="checkbox"/> Pecuniary Loss Insurance Business	<input type="checkbox"/> Property Insurance Business
<input type="checkbox"/> Industrial Insurance Business	<input type="checkbox"/> Ordinary Long-Term Insurance

Business

Sickness and Health Insurance Business

9. Is any director, manager or partner an undischarged bankrupt?.....
10. If so, has he/she (they) received leave by the Court by which he/she (they) were adjudged bankrupt to carry on business as an insurance consultant in Jamaica?.....
11. Give documentary proof of leave.
12. Does any director, partner, manager or senior officer of the organization or their spouse or children or parents hold shares in an insurance company, in any brokerage or a company which is an agent for an insurance company ?.....

13. Give details below.

Name of director, partner, manager or senior officer and Position	If relative holds shares – relationship of holder	Company/ Agency/ Brokerage in which shares held	Classes of Insurance Business for which registered	No. of shares held	% of shares held

14. Was the company carrying on business within the last 12 months as an insurance consultant in Jamaica ?.....
15. If so for which classes of insurance business?.....
.....
.....

16. Give details of all training and qualifications held by each director, manager or partner including copies of certificates, diplomas, etc.)

.....
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.....

Declaration: (to be signed by each director, manager, or partner as the case may be).

We the undersigned, being directors, managers or partners of

.....

declare that the replies given in this application form are to the best of our knowledge and belief true and correct. I further declare that no agreement relating to preferential treatment has been made between me and any person carrying on insurance business as might impair my impartiality in giving advice on insurance business.

Name.....Signed.....Date.....
(Print Name & Position)

Name.....Signed.....Date.....
(Print Name & Position)

Name.....Signed.....Date.....
(Print Name & Position)

Name.....Signed.....Date.....
(Print Name & Position)

Testimonial

Icertify that

.....is known to me.

He/She is a person of good character and is otherwise a fit and proper person to carry on business as an Insurance Consultant or to occupy the position of

.....

Specify the position held, e.g., manager, controlling director, partner, etC.*

with the

.....

Name of Insurance Consulting Company

Signed

Capacity of individual signing testimonial should be indicated

i.e. Justice of the Peace, Notary Public, Minister of Religion

Police Officer above the rank of Inspector or Resident Magistrate

Date

*cross out irrelevant words