

NOTICE OF NEW EMPLOYMENT

PART A

To be completed by Sales Representative

1. Name of sales representative.....
Registration #.....

2. Name of Insurance Company, Broker or Agent whose employment you are entering.....
.....

3. Name of last Insurance Company, Agent or Broker in whose employment you were prior to new employment.....
Registration #.....

4. Reason for termination of employment at 3 above.....
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5. Previous employment held prior to 3 above. Use additional lines if necessary

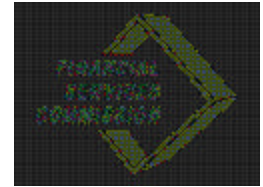
Name of Previous Employer	Type of Company	Previous Employment Period From____To____	Reason for Leaving

- 6a. State classes of insurance which you will sell or are selling in your new employment.....
.....
- 6b. State classes of insurance for which you are registered as Sales Representative.....
.....
7. State any other material facts not covered by above items.....
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The above is a true and correct statement of the facts.

Signature of Sales Representative

Date



NOTICE OF NEW EMPLOYMENT

PART B

To be completed by Insurance Company, Broker or Agent

1. Name of insurance company, broker or agent
Registration #.....

2. Name of insurance sales representative who has just been employed by you.....
.....
Registration #.....

3. Class or classes of insurance which you are registered to undertake in Jamaica.....
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.....

4. Class or classes of insurance which the insurance sales representative named at 2 is employed to sell on your behalf.....
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5. Indicate method, manner or nature of remuneration of sales representative just employed.
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6. State the facts, as far as you are aware of the previous employment record and experience of sales representative just employed.....
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7. Was the sales representative terminated from the previous employer?..... If yes, give reason(s) for the termination.....

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8. State any other material facts relating to this new sales representative not covered by the above items.....

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The above is a true and correct statement of the facts pertaining to the new employment of _____ . All pertinent and material facts have been given.
Name of Sales Representative

Director of Insurance Co. _____
Broker or Agent *Print Name* *Signature* _____
Date

Secretary of Insurance Co. _____
Broker or Agent *Print Name* *Signature* _____
Date