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Name of Applicant

TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

THE INSURANCE ORDINANCE 1989 (CAP. 16.06)
THE INSURANCE REGULATIONS 1990 (CAP. 16.06)

FORM 3: APPLICATION FOR AN INSURANCE AGENT LICENCE

[Section 4. (1) (b)]

["Insurance Agent = means a person (not being an insurer)who solicits directly or through advertising or other means, domestic business on behalf of not more than one insurer.]

[Section 2]

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION AS FULLY AS POSSIBLE, GIVING REASONS FOR NON-COMPLIANCE IF ANY, AND ATTACHING APPENDICES WHERE APPROPRIATE.

NB: The complete form accompanied by all documentation and the application fee must be submitted to the Commission.

2	Date on which applicant intends to commence, carrying on business in or from within the TCI, and with Principal Company.
3	Address of main or registered office in T.C.I.
4	Incorporation:
a)	Attach evidence of proper incorporation pursuant to Section 26 of the Companies Ordinance 1981 and a copy of the Memorandum of Association and Articles of Association or other instruments of constitution of the applicant as may be appropriate; or if not yet incorporated, the proposed documentation.
b)	List all names (including any previous names), addresses and nationalities of all shareholders. In those instances where shares are held by a corporate body or bodies the chain of connection to the ultimate owner must be shown.



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Name & Identification Number	Address & Nationality	Number of Shares
Attach Biographical Affidavit(s) and	Curricula Vitae of all directors, ma	nagers and officer
		Name & Identification Number Address & Nationality Attach Biographical Affidavit(s) and Curricula Vitae of all directors, ma

5	If not incorporated, names addresses, nationalities and curricula vitae of the applicant and any
	other person acting as a manager, or other officer or partner, as the case may be

	Name & Identification Number	Address & Nationality	Position
(a)			
(b)			
(c)			
(d)			
(e)			

- Attach evidence satisfactory to the Commission, that none of those persons listed in Sections 4.b), 4.c) or 5, has a criminal record.
- **7** Attach three references (character, professional and financial).



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8	Atta	ch a statement signed by a senior officer of the Principal confirming that:	
	a)	An in-house Training Program exists for the company's Agents.	
	b)	that the applicant has satisfactorily undergone and completed that training program and is deemed by the Principal to be a competent person to market its products to the public and to represent the company in sales transactions in T.C.I.	
9		ch evidence of the existence of a power of attorney, agency agreement or guarantee or essional indemnity insurance as required under Section 11 (4) Of the Insurance Ordinance of the Insurance Ordinance of the existence of a power of attorney, agency agreement or guarantee or essional indemnity insurance as required under Section 11 (4) Of the Insurance Ordinance of the existence of a power of attorney, agency agreement or guarantee or essional indemnity insurance as required under Section 11 (4) Of the Insurance Ordinance or essional indemnity insurance as required under Section 11 (4) Of the Insurance Ordinance or essional indemnity insurance or essional indemnity insurance as required under Section 11 (4) Of the Insurance Ordinance or essional indemnity insurance or essionate or essional indemnity insurance or essionate	
10		ched a list of sub-agents authorised by the applicant to solicit domestic business on his behalf of all insurance agents associated with the applicant company.	
11	conj	Have any of the parties connected with this application ever applied either individually or in conjunction with others, for authority to transact insurance business in any other jurisdiction? If so please give details.	
12	Pleas	se state any other information of which the Licencing Committee should be aware.	



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Application in accordingly hereby made for the licence specified above and it is certified that all the particulars contained in this Application and in the documents accompanying it or otherwise furnished in support thereof are true and correct. Name of Applicant:					
Dated and signed thisday of					
(SIGNATURE OF APPLICANT, IF AN INDIVIDUAL)					
WITNESS:					
Name:					
Occupation:					
Address:					
Date:					
<u>OR</u> if Incorporated by, it's *Director/Secretary * or other person duly authorised.					
Name: Position with Agency:					
Dated and signed thisday of					
(SIGNATURE)					
WITNESS:					
Name:					
Occupation:					
Address:					
Date:					
* Delete words which are not applicable.					