

FIRST SCHEDULE

FORM 3

No. ....

Date Received .....



CENTRAL BANK OF  
TRINIDAD & TOBAGO

THE INSURANCE (AGENTS, BROKERS, SALESMEN AND ADJUSTERS)  
(REGISTRATION) REGULATIONS, 1982

**APPLICATION FOR REGISTRATION AS SALESMAN**

TO: THE CENTRAL BANK OF TRINIDAD AND TOBAGO

I hereby apply to be registered as an Insurance Salesman in respect of the class/classes of Insurance business stated in section B (6) herein.

I enclose official receipt No. .... dated .....  
as evidence of payment of the registration fee.

*Signature of Applicant* .....

Date .....

DIRECTIONS

1. Where the information required cannot be accommodated on the form it should be supplied as an appendix on separate sheets of paper using the same numbering and sub-lettering contained in the application.
2. The term "Class/Classes of Insurance business" means the classes of Insurance Business listed in the First Schedule to the Insurance Act, Chap. 84: 01.
3. (a) The certificate in section B, item 7 (c) must be signed by the Chief Executive of the Company or by the Agent.  
(b) Affix the official stamp of the Company or Agent.
4. The details required in section C, item 9, must be certified true and correct by the Chief Executive of the Company or the Agent.
5. This application must be accompanied by:  
(a) The receipt obtained from the Central Bank on payment of the registration fee.  
(b) A copy of the Insurance Salesman Examination Certificate if available at the time of application.
6. The following persons are not qualified to be registered as an Insurance Salesman:  
(a) A person under the age of eighteen years.  
(b) An undischarged bankrupt, unless he has been granted leave to carry on the business of Insurance Salesman by the court by which he was adjudged bankrupt.  
(c) A person who is mentally ill.
7. "Controller" has the same meaning as defined in the Insurance Act, Chap. 84: 01.

PARTICULARS OF APPLICATION

A PERSONAL PARTICULARS OF APPLICANT

- 1. Full Name in Block Letters. Mr./Mrs./Miss .....
2. Address .....
3. Date of Birth ..... 4. Nationality .....
5. (a) Present Occupation
(b) Employed/Contracted by:

B PARTICULARS OF REGISTRATION

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

Classes of Insurance Business

- (i) Ordinary Long-Term [ ] (ii) Industrial Life [ ]
(iii) Liability Industrial Life [ ] (iv) Marine, Aviation and Transport [ ]
(v) Motor Vehicle Liability [ ] (vi) Pecuniary Loss [ ]
(vii) Personal Accident [ ] (viii) Property [ ]

- 7. (a) Name of Insurance Company contracted to, or Agent employed by, at the time of application:
(b) Address of Insurance Company or Agent
(c) Endorsement of Insurance Company or Agent

I certify that the information at (A) and (B) above is true and correct.

Date ..... Signature .....
Title .....

(Affix official stamp of Company or Agent)

- (d) Details of any previous registration which was cancelled including the reason for cancellation.
(e) Other Class/Classes of Insurance Business in respect of which you are now registered as a Salesman

C QUALIFICATION AND EXPERIENCE:

- 8. (a) Year in which Insurance Salesman Examination was passed .....
(b) Examining body .....
(c) Other qualifications (forward copies of certificates)
9. Furnish on a separate sheet full details of your experience as an Insurance Salesman indicating:-
(a) Company or Agent contracted to or employed by.
(b) The period attached to the Company or Agent.
(c) The Class or Classes of Insurance Business transacted.

N.B. Details must be certified by the Chief Executive of the Company or by the Agent.

D GENERAL INFORMATION

- 10. Give the names of your employers and the position held during the last five years.
11. Are you now registered or have you applied for registration as a broker?
12. Are you a member, director or controller of a company carrying on brokerage business? If so, give details.
13. Details of shares held in any insurance brokerage business.
14. Are you an undischarged bankrupt?
If so, have you leave to carry on the business of Insurance Salesman by the court by which you were adjudged bankrupt?
15. Are you a member of an Association of Insurance Salesman? If so, give the name and address of the association.

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

Signature of Applicant..... Date .....