

FOURTH SCHEDULE

FORM 2



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

**APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION AS SALESMAN**

TO: THE CENTRAL BANK OF TRINIDAD AND TOBAGO

I hereby apply for the renewal of Insurance Salesman Certificate of Registration No .....

Issued on .....

I enclose official receipt No ..... Dated.....

as evidence of payment of the prescribed fee.

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

PARTICULARS

1. Full name of Applicant Mr./Mrs./Miss .....
2. Address .....
3. Name of Insurance Company or the Agent for which /with whom the applicant is registered as Salesman .....
4. Address .....
5. Endorsement of the Insurance Company or Agent:

I certify that the information in item 3 above is true and correct.

\*Signature .....

(Affix Official Stamp)

Title .....

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

Date .....

.....

Signature of Applicant

\*To be signed by the Chief Executive of the Company or the Agent.