



THE INSURANCE COMMISSION
OF THE BAHAMAS

FORM 12

PART B

Notice of Termination of a Salesperson

(To be submitted by the Company or Intermediary)

1. Name of Sponsoring Company:.....
2. Name of Salesperson:.....
3. Certificate of Registration No.:.....
4. Salesperson was employed with the company from to
5. Sponsorship was terminated:
 - Voluntarily (resignation or retirement) Involuntarily (terminated by employer)

If involuntarily, state reason(s) for this course of action.

6. The salesperson was dishonest in the:
 - Handling of policyholder premiums Sale of company products None of these
7. Have all policyholder premiums collected by the salesperson on behalf of the company been handed over to the employer? If not, indicate action being taken to collect the outstanding amount.

8. Would you re-employ this salesperson? If no, give reason(s) for your answer. () Yes () No

DECLARATION:

All pertinent and material facts have been given. The above is a true and correct statement of the facts pertaining to the termination of employment of (Name of Salesperson).

.....
Signature of Responsible Officer of
Insurance Company/Intermediary

.....
Date

.....
Affix Official Company Stamp

Note: Each Form 12B must be submitted to the Commission along with the salesperson registration card.