



THE INSURANCE COMMISSION  
OF THE BAHAMAS

FORM 12

TERMINATION OF AGENTS, RESPONSIBLE OFFICER,  
TECHNICAL REPRESENTATIVE AND SALESPERSONS  
(section 129 of the Insurance Act, 2005)

PART A

Notice of Termination of a Salesperson  
(To be completed by person terminated)

- 1. Name of Salesperson: .....
- 2. Street Address .....
- 3. Postal Address..... City.....Island .....
- 4. E-mail .....
- 5. Telephone ..... (Home) ..... (Work) .....(Mobile)
- 6. Certificate of Registration No.: .....
- 7. Former insurance company or intermediary: .....
- 8. Time employed: from ..... to .....
- 9. Employment was terminated:
  - Voluntarily (resignation or retirement)     Involuntarily (terminated by employer)
  - If involuntarily, state reason(s) for this course of action.

- 10. Have you submitted all premiums collected from the policyholder on behalf of the insurance company/intermediary? If not, state the amount outstanding and reason for failing to turnover funds. 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 my employment with

..... (Name of Company/Intermediary).

.....  
Signature of Salesperson

.....  
Date

**Note: Registration cards must be returned to the sponsoring company/intermediary at the time of the salesperson's termination.**