



THE INSURANCE COMMISSION
OF THE BAHAMAS

FORM 3

PART D. APPLICATION FOR REGISTRATION BY INSURANCE SALESPERSONS OR TECHNICAL REPRESENTATIVES

1. Full Name of Applicant (Mr./Mrs./Miss)
2. Date of Birth
Day Month Year
3. Present Occupation:
4. Street Address
5. Postal Address.....City.....Island
6. E-mail
7. Telephone (Home)..... (Work).....(Mobile).....
8. Name of Insurance Company or Agent, Broker or Sub-Agent sponsoring the Applicant
.....
9. (a) Address of principal office in The Bahamas of company or agent for which applicant is/will be a salesperson.
(b) Company Branch Location
10. Class(es) of insurance business the applicant is applying for:
 Long-Term Insurance General Insurance Other
11. (a) Will you be a full time or part time salesperson? Full Time Part Time
(b) Will you be remunerated by salary or commission: Salary Commission
12. List your places of employment over the last 10 years
13. (a) Are you a member of any professional associations? If yes, please list the associations.
() Yes () No



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(b) Are you currently in good standing? Yes No

14. Do you hold shares in any insurance company or intermediary? If yes, please provide the following information. Yes No

(a) Name of Company/Intermediary:

.....

(b) Number of shares held

15. Do you have insurance training and qualifications? (List all insurance certificates, diplomas, etc., and attach copies.) Yes No

16. Have you ever been registered as an insurance salesperson or technical representative? If yes, provide previous registration number.

Yes ()

(a) Name of former sponsoring company or intermediary.

(b) Where applicable, indicate the name under which you were previously registered.

.....

No ()

17. (a) Are you an undischarged bankrupt? Yes No

(b) If yes, have you received leave of the Supreme Court, by which you were adjudged bankrupt, to be an insurance salesperson? (Attach a copy.) Yes No

18. Have you ever been dismissed by an employer for fraud or dishonesty? If so, give details. Yes No



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19. Have you ever been convicted for an offence involving fraud or dishonesty? If so, give details. () Yes () No

DECLARATION:

I declare that the responses given in this application form are true and correct the best of my knowledge and belief.

*Signed: Date:

Please sign within the box above without your signature touching the sides.

Signature witnessed by:Date:.....

Testimonial: (to be signed by Notary Public)

I.....certify that.....is known to me. He/She is a person of good character and is otherwise a fit and proper person to be a salesperson under the Insurance Act, 2005.

Signed:
(To be signed by Notary Public)

Date:

Note: This application must be accompanied by a signed statement by the principal representative/responsible officer in The Bahamas of the sponsoring company for which the applicant works/will work as a salesperson for that company.