



THE INSURANCE COMMISSION
OF THE BAHAMAS

SECOND SCHEDULE FORM 3 – PART A
APPLICATION FOR RENEWAL OF REGISTRATION AS AN INDIVIDUAL ADJUSTER

TO: THE INSURANCE COMMISSION:

I, hereby, apply for the renewal of Individual Adjuster Registration No:

Issued on:

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

Signature of Applicant:

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

Please use felt black pen.

Date:

PARTICULARS

1. Full Name of Applicant (Mr./Mrs./Miss).....
Address.....

2. Name of Insurance Company or the Adjusting Firm for which/with whom the Applicant is registered as an individual Adjuster.....
Address.....

3. Endorsement of Insurance Company or Adjusting Firm:

I certify that the information in items above are true and correct.

Signature of Responsible Officer:

Date: