BANK OF GUYANA

APPLICATION FOR THE RENEWAL OF LICENCE – INSURANCE AGENT

PART 1 – PARTICULARS OF AGENT

1.	Name of Agent: (Mr./Mrs./Ms.)):					
2.	Has your name been changed?	Yes 🗆	No□				
	If yes, please provide a certified	copy of the nar	ne change document				
3.	Agent's Registration #:	Date o	f last Registration: _				
	**		dd/mm/yyyy				
4.	Home Address:						
5.	Mailing Address (if different fro	om above):					
6.	Email Address:						
7.	Telephone Number(s): Home	Wo	ork	Mobile			
D A	ART 2 – PARTICULARS OF R	ECICTD ATIO	NAT.				
PA	ARI 2 – PARTICULARS OF R	EGISTRATIO	OIN .				
8.	Name of the Insurer for which the applicant is registered as an Agent:						
9.	Please indicate by a tick (\checkmark) in the applicable box, the class(es) of insurance business in respect of which this application is made:						
	Long-Term Insurance Business		General Insurance	Business			
	Class 1: General Life		Class 1: Accident &	Łiability			
	Class 2: Health		Class 2: Auto				
	Class 3: Annuities & Pensions		Class 3: Marine &	Aviation			
			Class 4. Fire				

PART 3 – TRAINING

AML/CFT								
10. Have you attended any AML/CFT training during the last 12 months? Yes \square No \square								
If yes, please specify the areas covered in the training?								
	TINUOUS PROFESSIONAL DEVELOPMENT	,						
11. Ha	11. Have you attended any professional training during the period? Yes \square No \square							
If yes,	, please provide details and attach a certified copy o	of the certificate	e					
PART	Γ 4 – GENERAL INFORMATION							
	e answer the following questions. If yes, please pro- onal pages as necessary.	vide details in	the box below.	. Attach				
12. In	the last year, have you:							
a.	1 1 0 1 1 00 0	Yes 🗆	No 🗆					
b.	b. been a defendant or respondent in any proceedings in any civil court in which fraud							
	alleged?	Yes \square	No \square					
c.	c. had a judgement against you for the award of money that has not been satisfied?							
		Yes 🗆	No 🗆					
d.	been the subject of proceedings in bankruptcy?	Yes 🗆	No 🗆					

13. The renewal fee of five thousand dollars (GS)	\$5,000) is attached?	$_{ m Yes}$	$_{ m No}\square$					
14. A police clearance is attached? (Required ev	very 5 years.)	$_{\mathrm{Yes}}\square$	$_{ m No}$ \square					
PART 5 – DECLARATION								
I certify that to the best of my knowledge and belief that all of the information provided in this application is true and correct.								
I understand that failure to provide the Bank of the suspension/revocation of my licence.	Guyana with accurate	information m	ay result in					
Signature of Agent	dd/mm/yyyy							
PART 6 – ENDORSED BY MANAGEMENT Please provide the number of credits this agent h		aforementione	d CPD.					
I hereby certify that:								
<u> - </u>	a) the insurer has implemented policies and procedures to screen the suitability of this applicant and to monitor their activities in accordance with section 143 of the Insurance Act 2016.							
b) this applicant is fit and proper in accorda	unce with section 11 of t	he Insurance A	Act 2016.					
In the event that this applicant is terminated, I h be sent to the Bank of Guyana, without delay, IAG code assigned to the Agent.	· ·							
Signature of Agency Manager/CEO	dd/mi	m/yyyy						

Affix Company's Stamp