



TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

**THE INSURANCE ORDINANCE 1989 (CAP. 16.06)
THE INSURANCE REGULATIONS 1990 (CAP. 16.06)**

APPLICATION FOR AN INSURANCE SUB-AGENT LICENCE

[Section 4. (1) (F)]

[Insurance Sub-agent = means a person (not being an insurance broker) who solicits directly or through advertising or other means, domestic business on behalf of an insurance agent, or on behalf of an insurance broker].

[Section 2]

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION AS FULLY AS POSSIBLE, GIVING REASONS FOR NON-COMPLIANCE IF ANY, AND ATTACHING APPENDICES WHERE APPROPRIATE.

NB: The complete form accompanied by all documentation and the application fee must be submitted to the Commission.

1	NAME OF APPLICANT			
2	DATE ON WHICH APPLICANT INTENDS TO COMMENCE, CARRYING ON BUSINESS IN OR FROM WITHIN THE TCI, AND WITH PRINCIPAL COMPANY			
3	ADDRESS OF MAIN OR REGISTERED OFFICE IN THE T.C.I			
4	INCORPORATION: SECTIONS 4 AND 5 ONLY APPLICABLE TO COMPANIES			
(a)	ATTACH EVIDENCE OF PROPER INCORPORATION PURSUANT TO SECTION 26 OF THE COMPANIES ORDINANCE 1981 AND A COPY OF THE MEMORANDUM OF ASSOCIATION AND ARTICLES OF ASSOCIATION OR OTHER INSTRUMENTS OF CONSTITUTION OF THE APPLICANT AS MAY BE APPROPRIATE; OR IF NOT YET INCORPORATED, THE PROPOSED DOCUMENTATION			
(b)	LIST ALL NAMES (INCLUDING ANY PREVIOUS NAMES), ADDRESSES AND NATIONALITIES OF ALL SHAREHOLDERS. IN THOSE INSTANCES WHERE SHARES ARE HELD BY A CORPORATE BODY OR BODIES THE CHAIN OF CONNECTION TO THE ULTIMATE OWNER MUST BE SHOWN			
(c)	NAME & IDENTIFICATION NUMBER & SSN	ADDRESS & NATIONALITY	NUMBER OF SHARES	
	i.			
	ii.			
	iii.			
	iv.			
	v.			
(d)	ATTACH BIOGRAPHICAL AFFIDAVIT(S) AND CURRICULA VITAE OF ALL DIRECTORS, MANAGERS AND OFFICERS.			
5	IF NOT INCORPORATED, NAMES ADDRESSES, NATIONALITIES AND CURRICULA VITAE OF THE APPLICANT AND ANY OTHER PERSON ACTING AS A MANAGER, OR OTHER OFFICER OR PARTNER, AS THE CASE MAY BE:			
	NAME & IDENTIFICATION NUMBER & SSN	ADDRESS & NATIONALITY	NUMBER OF SHARES	
	i.			
	ii.			
	iii.			



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iv.		
v.		
6	ATTACH EVIDENCE SATISFACTORY TO THE COMMISSION THAT NONE OF THOSE PERSONS LISTED ON THIS APPLICATION HAS A CRIMINAL RECORD	
7	ATTACH THREE REFERENCES (CHARACTER, PROFESSIONAL AND FINANCIAL)	
8	ATTACH DETAILS OF THE APPLICANTS EXPERIENCE IN THE BUSINESS OF INSURANCE	
9	ATTACH A STATEMENT SIGNED BY THE AGENT OR BROKER CONFIRMING THAT:	
(a)	AN APPROPRIATE INSURANCE TRAINING PROGRAMME EXISTS FOR THE SUB-AGENTS	
(b)	THE APPLICANT HAS SATISFACTORILY UNDERGONE AND COMPLETED THAT TRAINING PROGRAMME AND IS DEEMED BY THE AGENT OR BROKER TO BE A COMPETENT AND KNOWLEDGEABLE PERSON TO MARKET THE INSURANCE PRODUCTS	
(c)	ATTACH EVIDENCE OF THE EXISTENCE OF A POWER OF ATTORNEY, AGENCY AGREEMENT OR GUARANTEE OR PROFESSIONAL INDEMNITY INSURANCE AS REQUIRED UNDER THE INSURANCE ORDINANCE	
(d)	HAVE ANY OF THE PARTIES CONNECTED WITH THIS APPLICATION EVER APPLIED EITHER INDIVIDUALLY OR IN CONJUNCTION WITH OTHERS, FOR AUTHORITY TO TRANSACT INSURANCE BUSINESS IN ANY OTHER JURISDICTION? IF SO PLEASE GIVE DETAILS	
10	PLEASE STATE ANY OTHER INFORMATION OF WHICH THE COMMISSION SHOULD BE AWARE	

APPLICATION IS ACCORDINGLY HEREBY MADE FOR THE LICENCE SPECIFIED ABOVE AND IT IS CERTIFIED THAT ALL THE PARTICULARS CONTAINED IN THIS APPLICATION AND IN THE DOCUMENTS ACCOMPANYING IT OR OTHERWISE FURNISHED IN SUPPORT THEREOF ARE TRUE AND CORRECT.

NAME OF APPLICANT:

DATED AND SIGNED THIS.....**DAY OF**, **20**.....

(SIGNATURE OF APPLICANT, INSURANCE AGENT OR INSURANCE BROKER)

WITNESS:

NAME:	
OCCUPATION:	
ADDRESS:	
DATE:	

OR IF INCORPORATED BY, IT'S *DIRECTOR/SECRETARY * OR OTHER PERSON DULY AUTHORISED.



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NAME:

POSITION WITH AGENCY:

DATED AND SIGNED THIS.....DAY OF, 20.....

(SIGNATURE)

WITNESS:			
NAME:			
OCCUPATION:			
ADDRESS:			
DATE:			

* DELETE WORDS WHICH ARE NOT APPLICABLE.