

**SCHEDULE 4
PART 11C**

REG. 44 (3)

**BANK OF GUYANA
INSURANCE SUPERVISION DEPARTMENT**

APPLICATION FOR REGISTRATION AS A SPECIAL BROKER

INTRODUCTION

**PLEASE READ THE FOLLOWING REQUIREMENTS CAREFULLY BEFORE COMPLETING
THIS APPLICATION FORM**

1. The application form must be completed in **block letters or typed**.
2. **ALL QUESTIONS CONTAINED HEREIN MUST BE ANSWERED BY THE APPLICANT.** However, where a question does not apply, please do not leave the space blank, instead, indicate as “not applicable” or N/A.
3. The applicant must complete the application form in full and ensure that the relevant declaration is signed at number 18 below before submission.
4. Where there is insufficient space to provide a response, please provide and attached hereto the information on additional paper(s) and ensure sheet(s) clearly illustrate(s) the name of the applicant and refer(s) to the appropriate question(s).
5. All addresses provided herein by the applicant must be substantiated with a valid proof of address.
6. The applicant must provide proof of payment in the sum of G\$10,000,000.00 (ten million Guyana dollars) made to the supervisory agency as stated in the Act.
7. The applicant must submit a valid police clearance along with the application form.
8. **ALL** documents requested herein must be submitted along with the application form. Failure to do so will result in the application being returned to the applicant.
9. An application which has been approved by the Bank of Guyana shall subsequently be accompanied by a filing fee in the sum of G\$500,000.00 (five hundred thousand Guyana dollars).

PART A - DETAILS OF THE INSURANCE BROKER

1. **Name of the insurance broker:** _____

2. **Business address:** _____

3. **Telephone no.:** _____ **E-mail address:** _____

Proof of address to be provided. Please submit ANY ONE of the following documents issued within the last three (3) months and tick (✓) against the document attached.

*Telephone bill (only landline) *Electricity bill *Water bill Any other proof of address document, please specify: _____

4. **Is the insurance broker a**

Corporation Partnership Limited liability company Sole proprietorship

5. **Please state your brokerage experience:** _____

6. **During the past 5 (five) years, has the insurance broker operated under any different name, or has it been purchased, consolidated or merged with any other business?**

Yes No

If “Yes”, please explain: _____

7. **Please provide the names and designations of all senior staff members:**

Surname	First name	Designation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. **Have any claims or law suits at ANYTIME been made against the insurance broker or any of the directors, officers, principals or partners arising out of professional services?**

Yes No

If "Yes", please explain: _____

9. **Kindly state whether any director, officer, principal or partner has any ownership interest in any insurance company:**

10. **Kindly indicate the insurance broker services that are being provided:**

General

- Class 1 – Accident and liability
- Class 2 – Auto
- Class 3 – Marine and Aviation
- Class 4 – Fire

Life – Long Term

- Class 1 – General Life
- Class 2 – Health
- Class 3 – Annuities and Pensions
- Other

Other

If "Yes" to "Other", please specify the type of activity - regulated or unregulated below (e.g. consultancy or financial consultants etc.)

PART B - DETAILS OF THE APPLICANT

11. **Name:** _____

12. **Designation:** _____

13. **Address:** _____

14. **Telephone no.:** _____

15. **E-mail address:** _____

Proof of address to be provided. Please submit ANY ONE of the following documents issued within the last three (3) months and tick (✓) against the document attached.

*Telephone bill (only landline) *Electricity bill *Water bill Any other proof of address document, please specify: _____

16. **Please state the insurance broker services the applicant intends to subcontract to third parties:**

17. **The Declaration for authorisation/registration hereunder must be signed by the applicant, witnessed by two (2) individuals, and subsequently submitted to the Bank of Guyana. Failure to do so will render the application incomplete.**

DECLARATION:

- (a) **The applicant** applies for authorisation/registration under the above legislation on the basis of information supplied with this application, and any additional information supplied to the Bank of Guyana in the course of the application.
- (b) **The applicant** acknowledges that the Bank of Guyana may disclose information in the performance of its statutory functions or otherwise as may be specifically authorised by law.
- (c) I do hereby declare that I have truthfully and fully answered the relevant questions in this form and disclosed any other information which might reasonably be considered relevant for the purpose of this application.
- (d) I do declare that the structure of this form has not been altered.

(e) I am aware that it may be an offence and grounds for refusal of my application and grounds for revocation of an authorisation approval granted against myself and the proposing entity for me to knowingly or recklessly:

- i. Provide false or misleading information or to make false or misleading statements (which I acknowledge may include the withholding by me of relevant information) in this application for approval;
- ii. Failing to disclose to the Bank of Guyana details of any material change(s) in circumstances or new information to this application.

18. I warrant that I will promptly notify the Bank of Guyana of any changes in the information I have provided and supply any other relevant information which may come to light in the period during which this application is being considered or thereafter approved.

PRINT NAME: _____

Signed: _____ Position: _____

Dated: _____

(DD/MM/YYYY)

WITNESSES:

PRINT NAME: _____

Signed: _____ occupation: _____

Dated: _____

(DD/MM/YYYY)

PRINT NAME: _____

Signed: _____ Position: _____

Dated: _____

(DD/MM/YYYY)