

BANK OF GUYANA
APPLICATION FOR THE RENEWAL OF REGISTRATION OF AN
INSURANCE AGENT

PART 1 – PARTICULARS OF AGENT

1. Name of Agent: (Mr./Mrs./Miss) _____
2. Present Address: _____
3. Date of Birth: _____
(DD/MM/YYYY)
4. Agent Registration number: _____
5. Date of Renewal of Registration: _____
(DD/MM/YYYY)
6. Were there any changes to your contact details (Home/Work) during the year? **Yes** **No**
If yes, please provide us with your new contact details. _____

PART 2 – PARTICULARS OF REGISTRATION

7. Name of the Insurer to whom the applicant is registered as an Agent: _____

8. Please indicate a tick (✓) in the box on the class(es) of insurance business that you are seeking renewal:

Long-Term Insurance Business

Class 1: General Life

Class 2: Health

Class 3: Annuities & Pensions

General Insurance Business

Class 1: Accident & Liability

Class 2: Auto

Class 3: Marine & Aviation

Class 4: Fire

PART 3 – REGULATORY BACKGROUND

9. Are you an undischarged bankrupt after being registered by the BOG? Yes No

If yes, please provide details: _____

10. Were you convicted for an offence involving fraud or dishonesty or for a criminal offence?

Yes No

If yes, please provide details: _____

11. Subject to the information stated herein, have there been any other changes to information provided in your previous application? Yes No

If yes, please provide details. _____

12. A police clearance is attached. *(only applicable on every fifth birthday e.g. 25, 30)* Yes No

PART 4 – DECLARATION

I hereby declare that I have completed this form to the best of my ability, knowledge and belief that the information contained in this application is true and correct and failure to submit accurate information may result in a disqualification of my application.

Signature of Agent

(DD/MM/YYYY)

TO BE COMPLETED BY MANAGEMENT

Please indicate for this agent, the amount of credits he/she has earned during the year based on ongoing training: _____

Signature of Agency Manager/CEO

(DD/MM/YYYY)

Affixed Company's Stamp