

**BANK OF GUYANA (BOG)**  
**REGISTERED AGENTS**  
**MULTI-PURPOSE REQUEST FORM**

Name of Registered Agent: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Agent Registration No.: \_\_\_\_\_  
(DD/MM/YYYY)

Name of Insurer: \_\_\_\_\_

Insurance Classes of Business Registered to Sell:

**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 ☐

Please **Tick (✓)** the appropriate box where applicable:

I hereby request the following:

<b>CHANGE OF NAME:</b> <input type="checkbox"/>	From: _____
	To: _____
	Reason for change of Name: Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Deed Poll <input type="checkbox"/> Incorrect spelling <input type="checkbox"/>
	Please submit a copy of your Marriage Certificate, Deed Poll, Decree Absolute or Birth Certificate and a fee of <b>\$3,000.00</b> for an updated badge.

<b>REPLACEMENT BADGE:</b> <input type="checkbox"/>	Original badge was : Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Destroyed By Fire / Flood <input type="checkbox"/> Other <input type="checkbox"/>
	A fee of <b>\$3,000.00</b> is required for a replacement badge.

<b>REPLACEMENT CERTIFICATE:</b> <input type="checkbox"/>	Original Certificate was : Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Destroyed By Fire / Flood <input type="checkbox"/> Other <input type="checkbox"/>
	A fee of <b>\$5,000.00</b> is required for a replacement certificate.

**REGISTRATION FOR ADDITIONAL CLASS (ES) OF INSURANCE BUSINESS**

**LONG TERM INSURANCE**

1. General Life: ☐
2. Health: ☐
3. Annuities & Pensions: ☐

**GENERAL INSURANCE**

1. Accident & Liability: ☐
2. Auto: ☐
3. Marine & Aviation: ☐
4. Fire: ☐

**Please Provide:** (1) Proof of insurance qualifications;  
(2) A recent passport-size photograph certified by the insurer;  
(3) A registration fee of **\$3,000** for each additional class of business;  
(4) The sum of **\$3,000** for an updated badge for each insurer. A fee of **\$5,000** is payable for an agent that works for a life and general company and requires both badges to be updated at the same time.

**DECLARATION:**

I hereby declare that I have completed this form and that the information stated therein is true and correct. I accept that further information may be required from me before my request is complete. If any part of this form is incomplete, unclear or incorrect, I accept that the processing of my request may be delayed or my application may be refused.

Signed by Agent: \_\_\_\_\_

Dated: \_\_\_\_\_  
(DD/MM/YYYY)

Signed by Sales or Agency Manager: \_\_\_\_\_

Dated: \_\_\_\_\_  
(DD/MM/YYYY)

**THIS FORM MUST BE ACCOMPANIED WITH A COVERING LETTER FROM THE INSURER.**