



THE INSURANCE COMMISSION
OF THE BAHAMAS

FORM 1

**APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION AS
SUB-AGENT**

TO: THE INSURANCE COMMISSION:

I, hereby, apply for the renewal of Insurance Sub-Agent

Certificate of Registration No: Issued on:

I enclose: (a) official receipt No: dated
as evidence of payment of the prescribed fee; and (b) evidence that the required
insurance/bond is in place.

Signature of Applicant:

Date:

PARTICULARS

1. Full Name of Applicant (Individual /Firm/Company)
Address.....

2. Name of company for which the applicant is registered as Sub-Agent
.....Address.....

3. Endorsement of Company

I certify that the information in item 2 above is true and correct.

Signature Title
(Affix Official Stamp)

4. Name of officers who will act in the name of and on behalf of the applicant
company.....

I certify that to the best of my knowledge and belief all of the information given in this
application is true and correct.

Signature Position in Firm/Company

***Note: To be signed by the Chief Executive of the Company.**