



THE INSURANCE COMMISSION
OF THE BAHAMAS

FORM 12 (PART A)
TERMINATION OF AGENTS, RESPONSIBLE OFFICER, TECHNICAL REPRESENTATIVE
AND SALESPERSONS
(To be completed by person terminated)

THE INSURANCE (GENERAL) REGULATIONS, 2010

1. Name of Salesperson:

2. Street Address:

3. Postal Address:

City:

Island:

4. Email:

5. Telephone:

(Home)

(Work)

(Mobile)

6. Certificate of Registration No:

7. Former insurance company or intermediary:

8. Time employed: from:

to:

9. Employment was terminated:

Voluntarily (resignation or retirement)

Involuntarily (terminated by employer)



THE INSURANCE COMMISSION
OF THE BAHAMAS

If involuntarily, state reason(s) for this course of action.

- 12.** Have you submitted all premiums collected from the policyholder on behalf of the insurance company/intermediary? If not, state the amount outstanding and reason for failure to turnover funds.

Yes

No



THE INSURANCE COMMISSION
OF THE BAHAMAS

DECLARATION:

All pertinent and material facts have been given. The above is a true and correct statement of the facts pertaining to the termination of my employment with _____ (Name of Company/Intermediary).

Signature of Salesperson

Date