



THE INSURANCE COMMISSION  
OF THE BAHAMAS

FORM 2

APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION AS SALESPERSON  
PARTICULARS

**Applicant Information**

1. Full Name of Applicant (Mr./Mrs./Miss) .....
2. Certificate of Registration No. ....
3. Issue Date.....
4. Expiration Date.....
5. Street Address.....
6. Postal Address.....City.....Island .....
7. E-mail address .....
8. Telephone .....(Home).....(Work) ..... (Mobile)
9. Are you a member of any professional association? If yes, please list. ( )Yes ( )No

**DECLARATION:** I declare that the responses given in this application form are true and correct to the best of my knowledge and belief.

Signed:

**\*Please sign within the box above  
without your signature touching the sides.**

**Sponsor Information**

Name of sponsoring insurer or intermediary .....

Company Branch Location .....

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

Signature of Principal Representative/Responsible Officer:

.....

Date: .....

.....

(Affix Official Company Stamp)

**Note:** Please attach supporting legal documents for any name change i.e. marriage license, affidavit of name change or decree absolute.