

FORM 3

APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION AS BROKER

TO: THE INSURANCE COMMISSION:
I, hereby, apply for the renewal of Insurance Broker Certificate of Registration No:
Issued on:
I enclose :(a) official receipt No:
as evidence of payment of the prescribed fee; and (b) evidence that the required insurance/bond
is in place.
Signature of Applicant
Date
<i>PARTICULARS</i>
TARTICULARS
1. Full Name of Applicant (Firm/Company)
Address
2. If a Broker, give details of Professional Indemnity Insurance as follows:
(a) Underwrite:
(b) Policy No:
(c) Renewal date:
(d) Limit of Indemnity:
(e)Excess:
(Written evidence that the insurance is in force must be submitted)
3. 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