



**APPLICATION FOR RENEWAL OF REGISTRATION AS INSURANCE SALES
REPRESENTATIVE**

1. Full name of Applicant Mr./Mrs./Miss

2. Address

3. Name of Insurance Company for which /with whom the Applicant is registered as Sales Representative

4. Address

5. Renewal Year

6. Pursuant to Section 89 of the Act, I confirm that I am not:
 - a. an un-discharged bankrupt;
 - b. I have not been found by a court to be of unsound mind or is so certified under the law relating to mental health.

7. Endorsement of the Insurance Company:

I certify that the information in item 3 above is true and correct.

Signature

Title

Date

(Affix Official Stamp)

To be signed by the Chief Executive Officer/Manager of the Company/Principal Representative



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

Date

Signature of Applicant

I enclose check No

Dated

as evidence of payment of the prescribed fee.

Note: There is a late registration fee which shall be calculated at the rate of five per centum of the ordinary registration fee for each month or part of a month after the expiry of the prior registration