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|  | COMMONWEALTH OF DOMINICA MINISTRY OF FINANCE FINANCIAL SERVICES UNIT |

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| **APPLICATION FOR REGISTRATION** |
| **PERSONAL PARTICULARS** |
| To be completed by each individual applicant or the principals (director, manager/senior officer, partner, etc) and material shareholders of each institutional applicant for registration or licensing as an insurer, insurance agent, insurance broker, insurance adjuster or insurance sales representative. |
|  | Surname ……………………….................................…………………Forename ……………………….......................................................... |
|  | Former names (if different from name given above)…………………………………………………………………………………………………………………………………………………… |
| 1. 2
 | Home address...................................................................................... |
|  | Email address...................................................................................... |
|  | Home addresses in last five years (where different from that given above)……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| 1. 3
 | Business address...................................................................................................................................... |
|  | Date of birth .......................... |  | Country of birth............................................ |
| 1. 6
 | Nationality ............................... |  | Occupation .......................... |
|  | If naturalised attach a copy of the naturalisation certificate and state former nationality…………………………………………………………………………………………..… |
|  | Passport particulars (attach copy of relevant passport page)Issuing Territory ……………………………………………….Number …………………………………………………………Date of Issue ……………………………………………………Expiration Date ……………………………………………….. |
|  | Relationship with the applicant firm .................................................................................................................................... |
| 1. 9
 | Shareholding in the applicant company (if applicable)................................................................................................................................... |
|  | Give the full details of any other financial interest in the applicant (attach sheet if necessary)……………………………………………………………………………………………………………………………………………………………………………………………… |
|  | Professional training (including details of any insurance and related courses) (Attach certified copies of certificates)............................................................................................................................................................................................................................................................................................................ ...................................................................................................... |
|  | Relevant insurance experience, include dates and the class(es) of insurance transacted (attach curriculum vita)........................................................................................................................................................................................................................................................................................................... ...................................................................................................... |

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|  | Are you a member of any insurance related association? Give details............................................................................................................................................................................................................................................................................................................ ...................................................................................................... |
|  | Are you a director, officer or shareholder of any insurance company, insurance brokerage company or insurance agency? Give details............................................................................................................................................................................................................................................................................................................ ...................................................................................................... |
|  | Of what other bodies corporate are you a director or partner?........................................................................................................................................................................................................................................................................................................... ...................................................................................................... |
|  | Give a list of all companies in which you have held a 10% or more interest over the last 5 years; provide details on the business of these companies (attach sheets if necessary)........................................................................................................................................................................................................................................................................................................... ...................................................................................................... |
|  | If not included in Curriculum Vita, give full details of all positions held over the past ten years; include the names and addresses of all employers and the nature of your employment. Provide all relevant dates and state briefly the reasons for changes (attach sheet): |
|  | Have you been censured, disciplined or publicly criticised by any professional body to which you belong or belonged, or were you ever refused entry to any profession or professional body? If so, give particulars............................................................................................................................................................................................................................................................................................................ ...................................................................................................... |
|  | Have you or your spouse ever been declared bankrupt or been the subject of a bankruptcy petition, or received a judgement against you in a civil court? If YES give full details............................................................................................................................................................................................................................................................................................................ ...................................................................................................... |
|  | Has any company or firm of which you or your spouse was a partner, director or officer been the subject of a winding up petition? If YES give full details............................................................................................................................................................................................................................................................................................................ ...................................................................................................... |
|  | Have you ever been refused a financial services licence or had an interest in a group which was refused a license.If YES give full details............................................................................................................................................................................................................................................................................................................ ...................................................................................................... |
|  | Have you ever appeared before any licensing agency or similar authority for any reason whatsoever?If YES give full details............................................................................................................................................................................................................................................................................................................ ...................................................................................................... |
|  | Have you ever been barred from acting as a director, auditor or actuary? If YES give full details............................................................................................................................................................................................................................................................................. |
|  | Have you as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant as a result of misconduct? If YES give full details including the following: plaintiff/defendant, court, case number, location and result............................................................................................................................................................................................................................................................................................................ ...................................................................................................... |
|  | Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal, civil, military or other offence or violation for any reason whatsoever, regardless of the result of the event, in any country?If YES give details. List all cases without exception:Date of Arrest or DetentionAgeChargeLocationResult |
|  | Do your assets exceed your liabilities, including contingent liabilities, and are likely to remain so for the foreseeable future? If YES give full details............................................................................................................................................................................................................................................................................................................ ...................................................................................................... |
|  | Give the names, addresses and telephone numbers of three referees, including a financial institution. Referees should not be relatives. They should be advised that the Registrar of Insurance-Dominica may wish to contact them.…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| I, ........................................................ certify that I have supplied the above information and to the best of my knowledge and belief the information is true and complete. |
| Date: ................................................. | Signature: ….................................... |
| **AUTHORISATION TO SEEK ADDITIONAL INFORMATION**I hereby authorise The Registrar of Insurance to contact all relevant authorities and authorise said authorities to provide you The Registrar with whatever information he/she may request. |
| Date: ................................................. | Signature: .................................... |