

INSURANCE REGULATIONS, 2005

FORM I

REGULATION 13

APPLICATION FOR REGISTRATION OF AGENT

1. Name of applicant
2. Postal address
3. Phone Number
4. State if part-time or full time agent
5. If a part-time state main occupation
6. Give the names of the registered insurer represented.....
7. State:
 - (a) Age of applicant
 - (b) General educational standard and qualifications.....
 - (c) Insurance experience and qualifications, if any.....

DECLARATION BY APPLICANT

I hereby apply for registration under the Insurance Act 2005 and declare the above particulars to be true and correct and agree to notify the Bank of any material alteration in the information supplied and that in the terms of any enactment in force in The Gambia or any other country I -

- (a) Have not been found to be of unsound mind by a court of competent jurisdiction, and
- (b) Have not been adjudged insolvent or bankrupt, and
- (c) Have not been convicted in any country of an offence involving dishonesty, criminal misappropriation or criminal breach of trust or cheating or an abatement of, or an attempt to commit such offence.

Date:

Signed:

DECLARATION OF PRINCIPAL REGISTERED INSURER REPRESENTED

We hereby certify that to the best of our knowledge and belief the above particulars are true and correct.

Date.....

Signed.....