

# INSURANCE REGULATIONS, 2005

## FORM J

### REGULATION 14(1)

#### APPLICATION FOR RENEWAL OF REGISTRATION OF INSURER, INSURANCE BROKER, LOSS ADJUSTER OR INSURANCE AGENT

**From**

1. Name of applicant: .....
2. Address: .....
3. Telephone: .....
4. State if Insurer, Broker, Loss Adjuster or Agent: .....

**To**

The Central Bank of The Gambia.

(Address)

Dear Sir

\*Licence/Certificate No.....

Date of expiry.....

\*I/We..... Hereby apply for the renewal of the above \*Licence/Certificate for a further period of one year.

My/Our \*Licence/Certificate has not been cancelled at any time by the Bank.

Yours faithfully

**Signed.....**

**Applicant**

**Date.....**

**DECLARATION BY APPLICANT**

I/We.....hereby declare that particulars made under \*my/our application for registration made by \*me/us is still applicable.

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.....

**\*delete where not applicable**