

# THE FINANCIAL SERVICES COMMISSION

## APPLICATION FORM FOR

### INSURANCE SALESPERSON (Registration)

(Pursuant to Section 75 of the Insurance Act 2005)

#### NAME OF PROPOSED INSURANCE SALESPERSON

Surname:	Name:
----------	-------

#### CONTACT DETAILS OF APPLICANT (INSURER OR INSURANCE AGENT)

NAME :	.....
ADDRESS :	..... .....
PHONE NO :	.....
FAX NO:	.....
EMAIL:	.....

#### FOR OFFICIAL USE

Applicants Should Not Write Below This Line

Date of Application	<table border="1"><tr><td></td><td></td><td></td><td></td><td>2</td><td>0</td><td></td><td></td></tr></table>					2	0		
				2	0				
Date of Receipt:	<table border="1"><tr><td></td><td></td><td></td><td></td><td>2</td><td>0</td><td></td><td></td></tr></table>					2	0		
				2	0				
FSC Code:	<table border="1"><tr><td>FSC</td><td>I</td><td>N</td><td>S</td><td>2.4</td></tr></table>	FSC	I	N	S	2.4			
FSC	I	N	S	2.4					

- Note:**
- (i) The information/documents required vide this Application Form and Annex must not be considered exhaustive. The FSC may request for such other information as it deems necessary with respect to the Application.
  - (ii) The FSC reserves the right to amend the Application Form and Annex to reflect any change in relevant laws, regulations, rules and policy guidelines.
  - (iii) Additional sheet(s) may be used, if necessary, to submit the required information.

**Note:** *An application made for Insurance Salesperson by any employee or officer of an Insurance Agent (company) or Insurer will not be considered*

**LEGAL STATUS**

**1. DETAILS OF PROPOSED INSURANCE SALESPERSON**

1.1	<p><b>PROPOSED INSURANCE SALESPERSON IS A:</b> <i>(Tick as appropriate (✓))</i></p> <p style="text-align: center;">             Male <input type="checkbox"/>                      Female <input type="checkbox"/> ★         </p> <p>★ Please indicate maiden name where applicable: .....</p>
1.2	<p><b>AGE</b> .....</p>
1.3	<p><b>NATIONAL ID/PASSPORT NO.</b> .....</p>

**2. PLACE OF BUSINESS IN MAURITIUS**

2.1	<p>ADDRESS: .....</p> <p>.....</p> <p>PHONE /FAX /EMAIL: .....</p>
-----	--

**3. CLASS OF BUSINESS ★** *Tick as appropriate (✓)*

3.1	Long Term Insurance Business	
3.2	General Insurance Business	

★ *please indicate class of business*

**DECLARATION BY SALESPERSON**

**I certify that the information furnished in this application and additional submission, as required in Annex hereto, is complete and correct to the best of my knowledge and belief.**

**I also undertake to notify the Financial Services Commission of any material change in information/documents submitted with respect to the above.**

**Name of Salesperson :.....  
(BLOCK CAPITALS)**

**Signature of Salesperson : .....**

**Date: .....**

**DECLARATION BY APPLICANT (INSURER OR INSURANCE AGENT)\***

**We certify that the information furnished in this application and additional submission, as required in Annex hereto, is complete and correct to the best of our knowledge and belief.**

**We also undertake to notify the Financial Services Commission of any material change in information/documents submitted with respect to the above.**

**Name of Insurer or Insurance Agent \*:  
.....**

**Name of Authorised Representative : (BLOCK CAPITALS)  
.....**

**Signature of Authorised Representative: .....**

**Capacity of signatory: .....**

**Date: .....**

*\* Delete as appropriate*