

THE FINANCIAL SERVICES COMMISSION

APPLICATION FORM FOR INSURANCE AGENT (INDIVIDUAL)

(Pursuant to Section 70 of the Insurance Act 2005)

NAME OF APPLICANT

Surname:	Name:
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CONTACT DETAILS OF APPLICANT

ADDRESS :
PHONE NO :
FAX NO :
EMAIL :
WEBSITE :

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		
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FSC Code:	<table border="1"><tr><td>FSC</td><td>I</td><td>N</td><td>S</td><td>2.2</td><td>B</td></tr></table>	FSC	I	N	S	2.2	B		
FSC	I	N	S	2.2	B				

- 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.*

LEGAL STATUS

1. APPLICANT'S DETAILS

1.1	PROPOSED INSURANCE AGENT IS A: <i>(Tick as appropriate (✓))</i> Male <input type="checkbox"/> Female <input type="checkbox"/> ★ ★ Please indicate maiden name where applicable:
1.2	AGE
1.3	NATIONAL ID/PASSPORT NO.

2. PLACE OF BUSINESS IN MAURITIUS

2.1	ADDRESS: PHONE /FAX /EMAIL:
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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 APPLICANT

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 Applicant :
(BLOCK CAPITALS)**

Signature of Applicant:

Date:

DECLARATION BY APPLICANT'S INSURER

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 : (BLOCK CAPITALS)
.....**

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

Signature of Authorised Representative:

Capacity of signatory:

Date: