

INSURANCE ACT [CHAPTER 24:07]
INSURANCE REGULATIONS, 1989 (Section 18(6))
APPLICATION FOR LOSS ADJUSTOR OR SURVEYOR OR RISK MANAGEMENT
CONSULTANT'S LICENCE

To : The Commissioner of Insurance

Individual Applicant:

Surname:.....(Mr./Mrs./Ms)*

First Names:.....

Business Applicant:

Name or style under which business is to be conducted.....

Directors.....

Postal Address:

Residential Address.....

Date on which licence required to commence.....

I have / have not * previously held a loss adjustor or surveyor or risk management consultant's licence.

.....

.....

Date

Applicant / Director

* Delete inapplicable*