

Name of Agent: _____

OFFICE OF THE COMMISSIONER OF INSURANCE (OCI)
Form IA1R7.1 Application for registration of new individual Agents

Part I: Introduction and Contents

1.1 Introduction

Every insurance agent (hereinafter referred to as an "agent") in Guyana is required to be registered under the Insurance Act 1998, No 20 of 1998, Laws of Guyana (hereinafter referred to as the "Act").

As part of the application for registration of agents under the Act, this form should be completed by agents who have never registered under the Act. This includes agents operating as such before the Act was brought into operation (18/12/2002). For these, this form should be submitted no later than the statutory deadline 18/03/2003 as required by the Act. This form shall be referred to as "Form IA1R7.1".

Individual agents already registered with the OCI and applying for re-registration should complete Form IA1R10.1.

This form is produced by your regulator, the Office of the Commissioner of Insurance (hereinafter referred to as "OCI"). The OCI has appointed the Insurance Association of Guyana (hereinafter referred to as "IAG") to assist in its supervision of individual agents.

Any decision made by the IAG regarding agents may be appealed to the OCI.

All agents should familiarise themselves with the relevant parts of the Act as it applies to them and other legislation or OCI guidelines regarding agents before completing this form. If you need help completing this form please let your insurance contact point know or the IAG.

The application must be accompanied with proof of payment for the filing fee of G\$2000 payable by the agent to the Commissioner of Insurance (hereinafter referred to as "the Commissioner"). The proof of payment may be a crossed cheque, a copy of a receipt from the IAG or evidence of another form of payment previously agreed with the Commissioner before the submission of this form. Please keep a copy of all receipts for your own records.

This form should be completed clearly, using block letters and black ink, or typed. If you need more space, please attach extra paper as required and ensure this information is legible.

If this form is incomplete, please contact OCI.

1.2 Contents

- II. Eligibility requirements
- III. Information and documents
- IV. Declaration

1.3 Name of the agent: _____
(please also enter the name of the agent at the beginning of every page of this form)

1.4 Name of insurer(s): _____
(enter the name of the insurer(s) you are applying to register with)

1.5 Application for registration date: _____ / _____ / _____ (dd/mm/yyyy)

Part II: Eligibility Requirements

Name of Agent: _____

2.1 Are you applying for registration as a corporate agent (including an employee or representative of a corporate agent) or an individual agent? Individual/Corporate/
If Corporate, please contact the OCI immediately

2.2 Were you previously registered by the OCI? Yes / No
If yes, please complete Form IA1R10.1 instead

2.3 Have you ever worked as an agent with any insurers before? Yes / No
If no, please ignore 2.4 and go straight to 2.5

2.4 If yes to 2.3, please give the name(s) of the insurer you previously worked with, the relevant dates, and the category or categories of insurance sold. If you did not leave voluntarily please give the reason(s) for termination.

Name of insurer	Category	From	To

2.5 Is the insurer you are applying to be agent for registered under this Act? Yes / No
If no, please contact the IAG immediately

2.6 If yes to 2.5, please provide the Certificate Number of the insurer _____
(if you do not know this please ask your insurer. If one has not been issued as yet, leave blank)

2.7 Please provide the address of the main office of the insurance company you are applying for registration with

2.7 Have you ever been or are currently registered with the IAG as an agent? Yes / No
If yes, please include a photocopy of your IAG certificate/licence
If no or you have a Temporary Provisional Licence, please contact the IAG immediately

2.8 Are you an undischarged bankrupt? Yes / No
If no, please ignore 2.9 and 2.10

2.9 If yes to 2.8, have you received leave from the Court which adjudged you bankrupt to be an Insurance Sales Agent? Yes / No
If no, please contact the IAG immediately

2.10 If yes to 2.8, please provide appropriate copies of the relevant documentation'

Name of Agent: _____

2.11 Have you ever been convicted for an offence involving fraud or dishonesty or for a criminal offence? Yes / No
If no, please ignore 2.12

2.12 If yes to 2.11, please provide details

2.13 Please provide your id card or passport number _____
(delete as applicable)

2.14 What is your present occupation? _____

Part III: Information and Documents

3.1 Please provide your current address and contact details (home and work phone number)

_____ Home tel: _____ Work tel: _____

3.2 Please enter your date of birth (dd/mm/yyyy)/...../.....

3.3 Please list places of employment during the last 5 years if different from current employment. Indicate dates of employment, name of company if different to 2.4 and position of employment

3.4 Do you conduct any other business? Yes / No
If no, please ignore 3.5

3.5 If yes to 3.4, please give details of your other business(es).

3.6 Please provide the name of your contact point in the insurer (this may be the Sales or Agency Manager), location and telephone number

3.7 Please attach two recently taken passport-size photographs that have been identified or verified by the insurer for which you will work

3.8 Please attach a copy of the letter of sponsorship that must be completed by insurers

Name of Agent: _____

for agent applications and signed by the Sales or Agency Manager. This letter should state the type(s) or categories of insurance the insurer wishes you to sell.

3.9 Please provide details of any disciplinary action taken against you by the IAG, an insurer or previous employer

3.10 Please attach proof of payment of the filing fee

3.11 Please indicate next to each of the relevant categories, which category or categories of insurance you are qualified to sell

Life insurance		General Insurance	
1 General Life	<input type="checkbox"/>	4 Accident and Liability	<input type="checkbox"/>
2 Health	<input type="checkbox"/>	5 Motor	<input type="checkbox"/>
3 Pensions and Bonds	<input type="checkbox"/>	6 Marine and Aviation	<input type="checkbox"/>
		7 Fire	<input type="checkbox"/>

and for each category indicated, please provide proof of qualification. This may include examinations and/or experience. If citing experience please provide details of how many years' experience per category and with whom you have acquired the experience.

3.12 Please indicate other qualifications you may have e.g. CXC Maths, English, university degree, professional qualifications and any others by providing copies of these qualifications.

3.13 If there is any other information or documentation you believe will be of interest to the OCI, or may be relevant to your application, please include it in this application

IV: Declaration

I declare that I have completed this form to the best of my ability and knowledge. I accept that further information may be required from me before the registration is complete. If any part of this form is uncompleted, unclear or incorrect I accept that the processing of this application may be delayed and that I may be subject to fines as a direct result of this delay.

Signed by Applicant: _____
Dated (dd/mm/yyyy): _____

Please return the completed form to the IAG as soon as possible.

You will be contacted if further information is required and as soon as the processing of your application is completed. Contact the IAG for a progress report if necessary.