

**REGISTRATION**  
**OF**  
**INSURERS**

**ISSUED UNDER THE AUTHORITY OF SECTIONS 17 AND 24 OF THE  
INSURANCE ACT 1998  
ACT NO. 20 of 1998**

**Issued:**

To all Insurers

Circular No. ... of "" 2004

**The Commissioner of Insurance**

Office of the Commissioner of Insurance

Date:.....

**PERSONAL DECLARATION FORM**

1. Name and Capacity of the Applicant:

(a) Name: \_\_\_\_\_

(b) Position or Capacity: \_\_\_\_\_

2. Date and place of birth:

\_\_\_\_\_  
\_\_\_\_\_

3. (a) Citizen of: \_\_\_\_\_  
(Country)

(b) Resident of: \_\_\_\_\_  
(Country)

Since: \_\_\_\_\_  
(Year)

Since: \_\_\_\_\_  
(Year)

4. Addresses:

(a) Present Business Address:  
(Guyana, since.....)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Outside Guyana, since.....)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Present Residential Address:  
(Guyana, since..... )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Outside Guyana, since.....)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Last two addresses in Guyana, if any, during the past 10 years:  
(Since ..... )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Since..... )

\_\_\_\_\_  
\_\_\_\_\_  
.....

5. Professional Qualifications:

**Particulars**

**Year Obtained**

(a) Highest Academic Degree and Institution granting Degree

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(b) Special Awards or Honours

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(c) Training Courses or Seminars and Training Institution(s)

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(d) Membership in Professional Organizations

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6. Occupation or Employment (Present or most recent and for the last 10 years):

Name & Business Employer

Positions Held

Inclusive Dates  
(Mth & Yr)

From

To

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7. Details of all Loans from Employer (Present or most recent and for the last 5 years) and any outstanding loans:

Name & Business of Employer	Date Loan Taken	Status of Loan repayment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Other Business Affiliations (Direct and Indirect):

Name of Business	Nature of Affiliation i.e Director, Officer, Officials, Shareholder with % holdings specified etc.	Inclusive Dates (Mth & Yr)	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Family Group

**Business Affiliations**  
(State Name of Business and Nature of Affiliation i.e Director, Officer, Officials, Shareholder with % holdings specified etc.)

Name

(a) Spouse or Reputed Spouse:

\_\_\_\_\_

(b) Children:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(c) Parents:

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(d) Other: (please specify)

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10. Record of court cases or any investigation by governmental, professional or any regulatory body (including pending cases or on-going investigations):

Name of Court or Investigative Body	Full Particulars	Status
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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11. Documentary Requirements

(a) Police Clearance.

(b) Certified statement of assets and liabilities including details of outstanding debts.

(c) Latest tax compliance certificate from the Inland Revenue Department or certified true copy of income tax and property tax returns.

(d) Letters of two(2) character references from individuals other than relatives who have personally known the undersigned for at least ten (10) years.

12. Certification and Undertaking

I, \_\_\_\_\_ hereby declare that there are no unauthorized borrowings including overdrafts on deposit accounts, past-due or delinquent accounts, or defaults on loans from financial institutions with whom I have had dealings with for the last five (5) years

I, \_\_\_\_\_ certify that all the above information contained in and accompanying this form is complete and accurate to the best of my knowledge and belief

&

I, \_\_\_\_\_ also undertake to notify the Commissioner of Insurance, within a period of fifteen (15) days, of any material change to this Personal Declaration Sheet.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Position)*

\_\_\_\_\_  
*(Date)*