

**FORM 4**

**APPLICATION FOR INSURANCE AGENTS &  
OTHER INTERMEDIARIES LICENCE**

*Please complete all sections as fully as possible, giving reasons for non-compliance, if any and attach appendices where appropriate.*

1. Name of applicant.  
\_\_\_\_\_  
  
Date on which applicant proposes to commence to carry on business in or from within and with which company.  
\_\_\_\_\_
2. Address of office in Vanuatu  
\_\_\_\_\_
3. Business proposed  
\_\_\_\_\_
4. If incorporated;
  - a) Attach evidence of incorporation and appropriate documentation  
List all names addresses and nationality of shareholders
  - b) Attach *curricula vitae* of all directors, managers and officers.
5. If not incorporated, state name, address, nationality and *curriculum vitae* of the applicant.
6. Attach satisfactory evidence to the Commission that none of those persons listed above has a criminal record.
7. If acting as an agent of a life insurance company a copy of the personal data form used in his application to that company.

8. Attach evidence of the existence of an agency agreement, professional indemnity insurance as required by the Insurance Regulations.
9. Have any of the parties connected with this application ever applied, either individually or in conjunction with others, for authority to transact insurance business in any other jurisdiction? If so please supply details.

Application is made for the specified licence and it is certified that all the particulars contained in this application and in the documents accompanying it are true and correct

Signed \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Signature of witness \_\_\_\_\_

Name :

Occupation :

Address :

In the case of personal Life Agents, the application should be witnessed by the principal officer of the Company or Main Agency in Vanuatu with whom the agent will be associated.

Please return with the Licence application fee to the:

**Supervisor of Insurance**  
**FINANCIAL SERVICES COMMISSION**  
**PORT VILA**  
**VANUATU**

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