

**FIRST SCHEDULE**  
**Regulation 3(2)(a)**  
**APPLICATION FOR REGISTRATION AS**  
**A PRINCIPAL INSURANCE REPRESENTATIVE**

**Form 3**

Please complete all sections as fully as possible giving reasons for any non completion and attaching suitably identified apprentices, where applicable.

1. Full name of applicant \_\_\_\_\_

2. Address in Belize of applicant's

(a) Principal Office \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Registered Office \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Attach copy of applicant's Memorandum and Articles of Association as Exhibit I.**

(a) Are bearer shares prohibited? ( ) YES ( ) NO  
(Indicate clause prohibiting)

(b) Authorized share capital \$.....

(c) Fully paid up capital \$ .....

4. Names and addresses of applicant company's beneficial owners, share-holders, directors and officers:

(N.B. Minimum of 2 directors of whom one must be resident in Belize)

(a) Beneficial owners and % shares held \_\_\_\_\_  
\_\_\_\_\_

(b) Shareholders and % shares held \_\_\_\_\_  
\_\_\_\_\_

(c) Directors \_\_\_\_\_  
\_\_\_\_\_

(d) **Officers**  
Chief Executive Officer \_\_\_\_\_  
Executive staff \_\_\_\_\_  
\_\_\_\_\_

5. Evidence on in-force professional indemnity insurance cover having been effected for a minimum of US\$ 100,000.00 (Maximum deductible US\$ 5,000.00) is supplied herewith and must at all times be maintained in force by applicant after registration.  
(No certificate of registration will be released without evidence having been provided to the Supervisor indicating that such cover has been effected.)

(a) Carrier \_\_\_\_\_

(b) Period to which cover applies:

From \_\_\_\_\_ To \_\_\_\_\_

(c) Policy No. \_\_\_\_\_ OR

(d) Date of issue \_\_\_\_\_

**(Attach copy as Exhibit II)**

6. List of Registered International Insurers who will be represented by applicant.

**Registered Insurer**

**Registration No.**

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

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

7. Attach Signed Business Plan with financial projections for first 5 years of applicant's operations identifying types of insurance business to be represented, main source of business, anticipated premium income to be generated and expected earnings to be realized.

**(Attach as Exhibit III)**

8. Amount of registration fee enclosed US\$.....

( ) Cheque      ( ) Cash

or supply evidence of payment of such fee having been made to appropriate authority

ID No./Receipt particulars and date.....

I/We hereby confirm that all particulars provided above and in the documents accompanying this application or otherwise furnished in support hereof are true and correct and confirm that if this application is granted I/we shall at all times comply with the requirements and provisions of the International Insurance Act 1999 and any Regulations or guidelines made thereunder or any amendments thereto which may be made from time to time.

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for Applicant

This.....day of .....

***Witness***

Name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_