



TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

THE INSURANCE ORDINANCE 1989 (CAP. 16.06)
THE INSURANCE REGULATIONS 1990 (CAP. 16.06)

FORM IA/1: AGENT ANNUAL CERTIFICATE ANNUAL DECLARATION OF ACTIVITIES

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AS FULLY AS POSSIBLE.

Insurance Agent Name	
Year End	

This serves to confirm that:

- a I act for only **one** Insurance Company in the Turks & Caicos Islands namely:

Insurance Company Name	
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- b I hold an in-force agency agreement with that Insurer.

- c There are no Sub-Agents authorized by me to solicit business on my behalf and on behalf of the Insurer I represent apart from the person(s) listed below.

Sub-Agent Name	Licence No.

** Insert "NIL" above if there are no Sub-Agents"*

- d The information set out in the application to the Financial Services Commission for my Agent's licence, as modified by any subsequent notification of changes in accordance with Section 9(10) of the Insurance Ordinance, remains correct and gives a full fair picture of my activities.

Insurance Agent (SIGNATURE)

Date