

**REPUBLIC OF ZAMBIA**  
**THE INSURANCE REGULATIONS**  
(Regulation 9)

**APPLICATION FOR AN INSURANCE AGENT’S LICENCE**

(To be submitted in duplicate to the Registrar of Insurance, Ministry of Finance P.O. Box 50062, Lusaka. This form must be typewritten or completed in block capitals in ink)

1. Name of insurer.....
2. Name of applicant.....
3. Residential address.....
4. Postal address.....
5. State if full-time or part-time agent.....  
.....
6. If a part-time agent state principal occupation.....
7. Names of other Insurers you represent (if any).....  
.....
8. Have you ever been refused an Insurance Agent’s Licence?.....
9. Has any Insurance Agent’s Licence issued to you ever been suspended or cancelled? If so when?.....
10. State:
  - (a) Date of Birth.....
  - (b) Insurance experience and qualifications.....  
.....
  - (c) General education standard.....

**DECLARATION BY APPLICANT**

I .....hereby apply for Insurance Agent’s Licence and declare that the above particulars are true and correct and I have not-

- (a) been adjudged or otherwise declared bankrupt;
- (b) made an assignment to, or an arrangement or composition with, creditors which has not been rescinded;
- (c) been convicted by any court of any offence involving dishonesty, fraud or misrepresentation, an appeal against the conviction not having been brought or, if brought , having been abandoned or dismissed.

I undertake to notify the Registrar of Insurance of any material change in the particulars set out above or in the facts to which my declaration relates.

Date.....

Signed.....

11. A licence fee of .....kwacha is enclosed.

**DECLARATION BY PRINCIPAL OFFICER OF REGISTERED INSURER TO BE REPRESENTED**

I, .....hereby certify that to the best of my knowledge and belief the above particulars and declaration are true and correct and that the applicant has undergone a period of training in the class or classes of insurance business he will require to transact and that he is competent to explain the conditions of the policies issued by this Company.

Date.....

.....

Principal Officer

Name of Insurer.....