

THE SRI LANKA INSURANCE BROKERS' ASSOCIATION

**C/O JAY INSURANCE CONSULTANTS (PTE) LTD.
252A/1/5, Methodist Central Building, Galle Road, Kollupitiya, Colombo 03.
Telephone : 2437959 Fax : 2451934 E-mail : sliba.sl@gmail.com**

APPLICATION FOR MEMBERSHIP

- 1) a) Name of Company :
- b) Company Number allocated by Registrar of Companies :
- 2) a) Business address :
- Telephone number (s) :
E mail address :
Web site :
Fax number :
- b) Address/s of branches if any:
-
- 3) Date of Incorporation/Registration of Company (please attach certified copy of registration) :
- 4) Authorized Capital :
- Paid up Capital :
- 5) Is this the first application made to SLIBA ? Yes / No
- If "No" please provide details :
-
-

6) a) Details of Directors:

Full Name	Address	Age	Qualifications	Work Experience

Please attach a separate sheet of paper if space is insufficient

b) Details of major share holders of the company & percentage:

Name	Number of Share	Percentage

7) (a) Name of Chief Executive officer :

(b) Full Name of Principal / Specified Officer :

Date of Birth:.....

Contact telephone number :

Qualifications :

Work experience :

.....

Have the proposed Specified Officer ever been Specified Officer of another insurance broker? If yes please give details

8) What is the experience/qualifications of Managers and all employees engaged in insurance broking :

Name	NRIC Passport No.	Position In Company	Academic Qualifications	Insurance Working Experience

9) Number of Employees :

	No.
Directors	
Managers	
Executives	
Marketing	
Clerical	
Others	

10) Please give details of your Professional Indemnity Insurance (please attach copy of policy or cover note)

.....

11) a) Is your firm solely involved in Insurance Brokering? Yes / No
 (If no please provide details)

.....

b) If your firm is a subsidiary / associate of another company please give details of all business transacted by such parent / associate company.

.....

12) Has the company / parent / associate being involved with the insurance industry before? Please give details:

.....

13) Planned source of business. Please attach a detailed 3 year business plan

.....

14) Has the applicant or any of its Directors, Executive Directors, Shareholders, Chief Executive, Corporate Nominees, Managers, Executives –

a.	Been found to be of unsound mind	Yes / No*
b.	Been convicted of any criminal offence including that involving criminal misappropriation, criminal breach of trust, cheating of forgery or abetment of or attempt to commit any such offence	Yes / No *
c.	Been convicted of an offence or held to have committed an act involving fraud, dishonesty or misrepresentation	Yes / No*
d.	Been found to be involved in any of the undesirable, inappropriate or unlawful acts or activities referred to in clause 3(a) (ii)	Yes / No*
e.	Become insolvent, is unable to pay its/his debts as they fall due, stops, suspends, or threatens to stop or suspend payment of all or a material part of its/his debts, begin negotiations or takes any proceedings or other step with a view to readjustment, rescheduling or deferral of all of its indebtedness (or of any part of its/his Indebtedness which it/he will or might otherwise be unable to pay when due) or proposes or makes general assignment or an arrangement or composition with or for the benefit of its/his creditors or a moratorium Is agreed or declared in respect of or affecting all or a material part of its/his indebtedness	Yes / No*
f.	Has any step or petition is taken by any person to declare him bankrupt or as the case may be, for the dissolution or winding up or a receiver be appointed over the assets and undertaking or the member firm	Yes / No*
g.	Misappropriated premiums or otherwise committed inappropriate acts whilst dealing in insurance	Yes / No*

If “Yes” please provide full details :

.....

(* Delete whichever is not applicable)

15) If the applicant or anyone of its directors, executive directors, shareholders, chief executive, corporate nominees, Managers, executives or other employees has any other business interest or employment in any insurance agency, broking firm, risk management or other insurance related business please give the following particulars:

Name of person :

Name of Business :

Nature of Interest :

Position Held :

Business/Company Reg. No.

CONSENT FORM

In connection with our application to your Association, for membership, we hereby consent and authorize your Association to write to any company as considered appropriate by the Council for any information with regard to the professionalism, integrity and credibility of our firm/company, and we also hereby authorize these companies to provide and give all information with regard to the said subject matter and to reply to all enquiries thereon by your Association.

We.....
hereby affirm that the information provided above is true and correct to the best of our knowledge and that we have not withheld any information which would affect the application for membership in Sri Lanka. Having applied to become a member of the Sri Lanka Insurance Brokers Association ACKNOWLEDGE (S) having inspected and HEREBY UNDERTAKE (S) with the said Association if admitted as a member of the said Association to comply with and conform to the Constitution of the Association and the Rules, the Code of Conduct, Regulations and By-Laws of The Sri Lanka Insurance Brokers Association for the time being held from time to time in force.

Signed :

Name of Company :

Name of Principal Officer Signing :

Date :

To the best of our knowledge and belief the Questions in the Membership Application have been answered correctly and in our opinion the applicant is suitable to be a member of the Association.

Proposed by :

Seconded by :

Date :

Date :

Name of Company :

Name of Company :

Name of Principal Officer Signing :

Name of Principal Officer Signing :

Date :

Date :