

# SRI LANKA INSURANCE BROKERS ASSOCIATION

## APPLICATION FOR THE RENEWAL OF MEMBERSHIP FOR THE PERIOD 2019

1. Name of Company:

2. Registered Office Address:

3. Postal Address:

4. Telephone :

5. Fax :

6. Email Address:

7. Office Hours:

8. Has your company nominee or alternate nominee attended the last GMM/SGM?:

8.1 If yes date and Name of nominee.

9. Has your company nominee or alternate nominee attended the last AGM?:

9.1 If yes date and Name of Nominee.

10. Name & Address of each Director

11. Principal Officer, Senior Management/Directors/Qualifications/details of experience:

12. Contact person for inquiries from SLIBA/IBSL

Name:

Telephone & Mobile

Email address

13. Members shall for the purposes of the administration and management of the Association's affairs, appoint two persons, one nominee and one alternate nominee:

Name & signature of Nominee (Principal Officer):

Name & signature of Alternate Nominee(Holding Senior Executive status in the member's company):

14. Details of Profession Indemnity Cover in force:

Period of Cover

Sum Insured:

Name of Insurers:

The Excess/deductibles if any:

15. Premium turn over details for the past 12 months ending 31<sup>st</sup> December 2017:

Life :

General :

Overseas Medical :

16. Present Paid-up capital:

17. Number of Employees:

18. Details of Principal Shareholders:

Name of Associate/Subsidiary/Holding Companies:

19. Branch Office(s):

20. Name of Auditor:

21. Membership in Trade/Professional Associations:

22. Number of Agents:

Life :

General :

23. Number of Renewals granted by IBSL as at to-date:

23.1 Date of First Registration with IBSL:

24. Date of Last Renewal of registration with IBSL:

25. Has your company been found guilty of an offence under the RII Act section 84(1)(d) by IBSL.

I/We hereby declare and confirm that .....( Name of Insurance Broker) has not in any way furnished false, misleading or inaccurate information or concealed or failed to disclose material facts in this application. I/We hereby agree to abide by the Aims, Objectives, Code of Conduct and Rules of the Sri Lanka Insurance Brokers Association.

Director.....

Signature

Name:

Principal Office:.....

Signature

Name: