

SRI LANKA INSURANCE BROKERS ASSOCIATION

APPLICATION FOR THE RENEWAL OF MEMBERSHIP FOR THE PERIOD **2025**

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?: Yes No

8.1 If yes date and Name of nominee.

9. Has your company nominee or alternate nominee attended the last AGM?: Yes No

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 31st 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: