

SECTION 1 APPLICANT DECLARATION

Please confirm you have fully read and agree to the below certification:

- The information contained in this application, including attachments, is true and complete.
- I understand that it is an offence under the *Financial Institutions Act* to make a material misstatement to the Insurance Council of British Columbia ("Insurance Council"). I understand that making a material misstatement to the Insurance Council could lead to licence refusal, restrictions, suspension, cancellation, and/or fines.
- I understand that the email address provided on this application form will be used for Insurance Council correspondence and publications.
- I understand I have to pay the Amendment fee. I understand that I will be contacted via email in regard to payment instructions, and the fee is non-refundable.

Freedom of Information and Protection of Privacy Act

Personal information provided by you to the Insurance Council of British Columbia is collected, used, and disclosed in compliance with the provisions of the *Financial Institutions Act* and the *Freedom of Information and Protection of Privacy Act*. Questions about the collection, use, or disclosure of your personal information can be directed to the Insurance Council of British Columbia by email at licensing@insurancecouncilofbc.com or by telephone at (604) 695-2007.

SECTION 2 YOUR CURRENT LICENCE INFORMATION

Full name as printed on your licence:

Licence Number from last held certificate:

Date of birth (mm/dd/yyyy):

Email:

SECTION 3 NEW INDIVIDUAL NAME INFORMATION

Legal first name:

Legal middle name(s):

Legal last name:

Any other names used or known by:

SECTION 4 CURRENT CORPORATE / PARTNERSHIP LEGAL NAME

Legal name:

Enter all Trade Names in Section 6.

SECTION 5 NEW CORPORATE / PARTNERSHIP LEGAL NAME

Legal name: _____

SECTION 6 TRADE NAMES (IF APPLICABLE)

Trade Names: _____

SECTION 7 LICENSEE SIGNATURE

I, the undersigned, acknowledge that I have attached all Name Change documentation.

Signature of Licensee _____

Date Signed (MM/DD/YYYY) _____

SECTION 8 APPROVAL OF AGENCY OR ADJUSTING FIRM

We have included all Name Change documentation.

Signature of Nominee/Officer/Director/Partner _____

Print Name and Title _____

Date Signed (MM/DD/YYYY) _____

For the current Amendment Fee, see the [licensing fee schedule](#).

Completed forms should be emailed to: licensing@insurancecouncilofbc.com.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

For details on the licensing process, refer to the Insurance Council of British Columbia's website at insurancecouncilofbc.com.