

For details on the licensing process, refer to Council's website at [insurancecouncilofbc.com](http://insurancecouncilofbc.com).

**SECTION 1 YOUR CURRENT LICENCE INFORMATION**

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|--|
| Full name as printed on your licence:      |
| Licence Number from last held certificate: |

**SECTION 2 RESIDENTIAL (HOME) ADDRESS**

|              |                 |
|--------------|-----------------|
| Address:     |                 |
| City:        | Home Phone:     |
| Province:    | Mobile Phone:   |
| Postal Code: | Business Phone: |
| Email:       |                 |

**SECTION 3 SERVICE (MAILING) ADDRESS**

|   |           |              |
|---|-----------|--------------|
| Complete this section only if you prefer to have Council correspondence sent to an address other than the one provided above. |           |              |
| Address:  |           |              |
| City:   | Province: | Postal Code: |

**SECTION 4 BUSINESS ADDRESS**

|  |           |              |
|--|-----------|--------------|
| Address:   |           |              |
| City:  | Province: | Postal Code: |
| Use this address for: <input type="checkbox"/> Life Insurance Licence <input type="checkbox"/> General Insurance Licence <input type="checkbox"/> Adjuster Licence |           |              |

**SECTION 5 LICENSEE SIGNATURE**

The Insurance Council of British Columbia ("Council") publishes guidelines and directives to licensees on specific issues through its Notices and website. It is the responsibility of each individual licensee to read, understand, and remain current on the applicable regulatory requirements under the *Financial Institutions Act* and Council Rules.

It is a condition of all insurance licences that the licensee notify Council of changes to their address and other contact information within 30 days.

Signature of Licensee

Date Signed (MM/DD/YYYY)

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