



1. Your Current Licence Information

Full name as printed on your licence: [text box]

File Number or Licence Number From Last Held Certificate: [text box]

Which Licence Class applies to this agency/firm?

- Life Insurance, General Insurance, Adjuster, Accident & Sickness (checkboxes)

2. I Will Represent the following Agency/Firm

Name of Agency/Firm: [text box]

Agency/Firm File Number: [text box] Effective Date: [DDMMYY grid]

I will conduct business from the following office:

Street Number: [text box] Street Name: [text box]

Suite Number: [text box] City: [text box]

Province: [text box] Postal Code: [text box] Tel: [text box]

Email: [text box]

3. Signature

Licensee: [text box] Date Signed: [DDMMYY grid]

4. Intended Agency/Firm Declaration

We understand we are required to notify the Insurance Council of British Columbia ("Council") in writing within five (5) business days if this applicant's authority to represent our Agency or Firm ceases, and to advise Council where there are issues related to the licensee's suitability or conduct as a licensee.

5. Signatures

Nominee, Officer, Director or Partner: [text box]

Print Name: [text box] Date Signed: [DDMMYY grid]

Title: [text box]