## **LICENCE FEES**

Amenument - Name Change900.0	Amendment -	Name Change	,	\$50	).(	)(
------------------------------	-------------	-------------	---	------	-----	----

Where an application has been made and is subsequently withdrawn, denied, or not proceeded with, the application will be closed and only the provincial government fee (either \$25.00 or \$50.00) will be refunded. Council's application fee is non-refundable.

## **OTHER LICENSING TRANSACTIONS**

Licence History	\$25.00
Disciplinary History	
Copy of Previously Issued Examination Results	

Accepted methods of payment: Visa, Mastercard, debit cards, cheque, cash, or money order in **Canadian funds** only.\*\*

Cheques should be made payable to the **Insurance Council of British Columbia**.

Council does not accept post-dated cheques.

<sup>\*\*</sup>Visa, Mastercard, and debit cards are only accepted in-person at Council's office only.



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

## SECTION 1 YOUR CURRENT LICENCE INFORMATION

Full name as pr	inted on your licence:
Licence Numbe	r from last held certificate:
Date of birth (N	IM/DD/YYYY):
SECTION 2	NEW INDIVIDUAL NAME INFORMATION
Legal first name	e:
Legal middle na	ame(s):
Legal last name	e:
Any other name	es used or known by:
SECTION 3	CURRENT CORPORATE / PARTNERSHIP LEGAL NAME
Legal name:	
	Enter all Trade Names in Section 5
SECTION 4	NEW CORPORATE / PARTNERSHIP LEGAL NAME
Legal name:	
SECTION 5	TRADE NAMES (IF APPLICABLE)
Trade Names:	
SECTION 6	LICENSEE SIGNATURE
I, the undersign	ned, acknowledge that I have attached all Name Change documentation and included the Amendment Fee.
Signature of Lic	rensee
Date Signed (M	
	· · · · · · · · · · · · · · · · · · ·
SECTION 7	APPROVAL OF AGENCY OR ADJUSTING FIRM
We have includ	ed all Name Change documentation and included the Amendment Fee.
Signature of No	ominee/Officer/Director/Partner
Print Name and	d Title
Date Signed (M	IM/DD/YYYY)