

The Insurance Association of SVG Membership Application/Renewal Form

Category of Registration:

Company () Agent () Broker () Underwriter ()

Name of Company: _____

(If Agent – Name of Parent Company) _____

Mailing Address: _____ **Address:** _____

Contact: Work: _____ **Cell:** _____ **Whatsapp:** _____

Email: _____ **Website:** _____

Primary Contact Persons:

Manager: _____ **Accountant:** _____

Email: _____ **Email:** _____

Company Details

TYPE OF REGISTRATION (FSA)

LIFE () GENERAL ()

Personal Representative at Financial Services Authorities (FSA): _____

Signature of Company Representative: _____ **DATE:** _____

NAME in CAP: _____

FOR ORRICIAL USE ONLY	
Reviewed BY:	Comments:
Approved By:	
Date:	

The Constitution of the IASVG, Sec 3, paragraph 4: All members shall be required ti give an undertaking on admission that the provisions of the Constitution, the Rules and Regulations laid down by the Association, and the Code of Ethics will be observed and all meetings and proceedings and all publications and circulars of the Association or its Committees shall be strictly private and confidential.