

INSURANCE REGULATORY AUTHORITY OF UGANDA
(Established under the Insurance Act, (Cap 213), Laws of Uganda 2000) (Act)
P.O. Box 22855 Tel: 256-41-346712/256-41-253564, Fax 256-41-349260
Web. www.ira.go.ug E-mail: ira@ira.go.ug
Kampala – Uganda

Form 4.

APPLICATION FOR LICENSING/RENEWAL OF LICENCE AS AN AGENT.
For the year ending 31st December 20.....

1. Name of applicant:
2. Postal address: Physical address:
3. Nationality of applicant:
4. Residential address:
5. Name of insurer represented:
6. Legal status of the applicant:
7. Indicate classes of insurance to be transacted:
8. Attach agency agreement with insurer represented:
10. Attach a recent passport size photograph:

Declaration by applicant

I declare the above particulars to be true and correct and agree to notify the Authority of any material alteration in the information supplied and in terms of any law in force in Uganda.

I further declare that I-

- (a) have not been adjudged bankrupt;
- (b) have not compounded with creditors;
- (c) have not been convicted by a court in any country of any offence involving fraud or dishonesty or misconduct.
- (d) am not a civil servant or municipal employee;
- (e) am not an administrator, director, auditor or employee of any insurance company or broking company or any institution regulated by the Financial Institutions Act, (Cap 54) Laws of Uganda, 2000

(f) am not a risk inspector nor loss adjuster nor insurance valuer.

Date: **Signed:**

CERTIFICATE OF COMPETENCY

Mr/Mrs/Ms:

I certify that the above named (specify name) is acceptable as a representative of this company and that subject to the issuing to him/her of any insurance licence he/she is-

- (a) duly authorised to secure proposals and to collect moneys by way of premiums for and on behalf of this company;
- (b) competent to explain-
 - (i) the conditions of the policies issued by this company; and
 - (ii) the meanings of questions asked in proposal forms issued by this company.

Date:

.....
Principal Officer

.....
Name of Insurer: