

## SECTION 1 APPLICANT DECLARATION

Please confirm you have fully read and agree to the below certification:

- ☐ The information contained in this application, including attachments, is true and complete.
- ☐ I understand that it is an offence under the *Financial Institutions Act* to make a material misstatement to the Insurance Council of British Columbia ("Insurance Council"). I understand that making a material misstatement to the Insurance Council could lead to licence refusal, restrictions, suspension, cancellation, and/or fines.
- ☐ I understand that the email address provided on this application form will be used for Insurance Council correspondence and publications.
- ☐ I understand I have to pay the Amendment fee. I understand that I will be contacted via email in regard to payment instructions, and the fee is non-refundable.

### ***Freedom of Information and Protection of Privacy Act***

Personal information provided by you to the Insurance Council of British Columbia is collected, used, and disclosed in compliance with the provisions of the *Financial Institutions Act* and the *Freedom of Information and Protection of Privacy Act*. Questions about the collection, use, or disclosure of your personal information can be directed to the Insurance Council of British Columbia by email at [info@insurancecouncilofbc.com](mailto:info@insurancecouncilofbc.com) or by telephone at (604) 688-0321.

## SECTION 2 YOUR CURRENT LICENCE INFORMATION

Full name as printed on your licence:

Licence Number from last held certificate:

Date of birth (mm/dd/yyyy):

Email:

## SECTION 3 NEW INDIVIDUAL NAME INFORMATION

Legal first name:

Legal middle name(s):

Legal last name:

Any other names used or known by:

## SECTION 4 CURRENT CORPORATE / PARTNERSHIP LEGAL NAME

Legal name:

Enter all Trade Names in Section 6.

**SECTION 5      NEW CORPORATE / PARTNERSHIP LEGAL NAME**

Legal name:

**SECTION 6      TRADE NAMES (IF APPLICABLE)**

Trade Names:

**SECTION 7      LICENSEE SIGNATURE**

I, the undersigned, acknowledge that I have attached all Name Change documentation.

Signature of Licensee

Date Signed (MM/DD/YYYY)

**SECTION 8      APPROVAL OF AGENCY OR ADJUSTING FIRM**

We have included all Name Change documentation.

Signature of Nominee/Officer/Director/Partner

Print Name and Title

Date Signed (MM/DD/YYYY)

For the current Amendment Fee, see the [licensing fee schedule](#).

Completed forms should be emailed to: [licensing@insurancecouncilofbc.com](mailto:licensing@insurancecouncilofbc.com).

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

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