

INSURANCE SUPERVISION AGENCY
Kralja Nikole 27/III, 20000 Podgorica

APPLICATION
FOR ISSUING AUTHORISATIONS FOR CONDUCTING ACTIVITIES OF:

- 1. INSURANCE AGENCY**
- 2. INSURANCE BROKERAGE**
- 3. INSURANCE INTERMEDIATION**

(circle the type of activities you are requesting the authorisation for)

Name and surname of the applicant:

Address:

Contact telephone:

The following is to be enclosed to the application (**circle the enclosed**):

- Identity document certified copy;
- Proof of full business capacity (to be issued by the Centre for Social Works);
- Proof of passed professional exam (Certificate);
- Proof that the person has not been imposed a safety measure or prohibitory injunction against conducting the activity (certificate issued by the regional misdemeanour authority);
- Proof that the person has not been sentenced for any property crimes or commercial crimes with imprisonment exceeding 3 months (to be issued by the Police Administration);
- Proof of payment made

Podgorica, _____ 20__

Applicant
