



SECURITIES AND EXCHANGE COMMISSION OF PAKISTAN INSURANCE DIVISION

No.ID/I.O.112(1)/2004

August 19, 2009

CIRCULAR NO.25/2009

Subject:- **ISSUANCE/RENEWAL OF INSURANCE SURVEYING LICENCE AND
REGISTRATION AS ASO UNDER SECTION 112 & 113 OF INSURANCE
ORDINANCE, 2000.**

It is notified for the information of all concerned that in order to streamline the processing of applications for granting insurance surveying licenses and registration of ASOs, the Commission, as an administrative measure, will entertain such applications twice a year i.e. in January and July every year. This will not be applicable on the applications already received by the Commission.

2. The applicants who do not satisfy the Commission in respect of their suitability as surveyor/ASO, as prescribed under Section 112(2) and 113(2) of Insurance Ordinance, 2000 respectively, may re-appear after the expiry of six months.

3. The process of renewal of licenses will continue as per current practice. However, effective 19th of September 2009, the applications for renewal of licenses of surveyors and registration of ASOs will be entertained provided that such applications are received by the Commission at least 2 weeks before their expiry, along with complete information and duly completed prescribed form(copy attached). In case of delay, these applications will be considered as fresh cases.

4. The deadline given in the foregoing para 3 will not be applicable on the applications which have already been received by the Commission and are under process.

Tariq Hussain
Director

Distribution:-

All licensed Insurance Surveyors

**Form to be submitted by Insurance surveyor at the time of
Renewal of Insurance Surveying Licence**

1. Name of Body Corporate.			
2. Name of Chief Executive.		CNIC.	
3. Academic qualification of Chief Executive			
4. Postal Address		e-mail	
5. Office Telephone No.		Fax No.	
6. Cell No.			
7. Classes of business for which licence is sought.			
8. Copies of Form A & Form 29 duly certified by the CRO.			
9. Licence holder ASOs	Name	Cell No.	Class of Business
10. Employee	Name	CNIC	Date of appointment
11. Expiry date of licence			
12. Surveys conducted during the year	Class of surveyor	Total No.	Fee Charged
	i. Fire		
	ii. Motor		
	iii. Marine		
	iv. Misc/MBD		
13. National Tax No.			
14. No. of Branch Offices along with address (Annexed).			
15. Name of Insurance Companies on whose panel the surveyor is enrolled. (Annexed)			

I.....S/o.....being Chief Executive of M/s.verify that the above information is true to the best of my knowledge and belief and that nothing has been concealed or withheld in this regard.

Date.....

Signature.....

Office Stamp.....