



Change of Address Form

ICM

Insurance Agent Licence

Insurance Council of Manitoba

(Province to Province)

Instructions

1. Complete the following 2-page Change of Address form in full.
2. If you are applying for your resident status in Manitoba, you are required to attach an **original** Non-Resident Endorsement Form (also known as a Certificate of Status/Authority), not more than 60 days old, from the Insurance Council/Commission in which you currently reside. If you are applying for your resident status in another province (other than Manitoba), you are required to attach an **original** Non-Resident Endorsement Form, not more than 60 days old, from the province in which you are applying for your resident status. The non-resident endorsement form must also include a "history check" (a history check shows what exam(s) the agent has completed, how long the agent has been licensed, any breaks in licensing, and additional education that the agent has completed). (*Note - This is not a copy of your licence*)
3. Attach a photo-copy of 2 pieces of identification showing your residential address in your new home province. Note that at least one (1) of these pieces of identification **must** be photo identification.

* Please note that this form **will not** suffice for an amendment or transfer of your licence(s) from one (1) agency/company to another. If you are changing your agency name and/or sponsoring insurance company you must complete a new application form per class of licence. Application forms can be downloaded from our web-site under Printable Forms.

Change of Address Form

I am applying for my resident status in (check only one): Manitoba Other Province

Agent Name: _____
FIRST MIDDLE LAST

Old Business Address:

Agency (if applicable): _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Telephone Numbers: Work: _____ Home: _____

Email Address: _____ Fax Number: _____

New Business Address:

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Telephone Numbers: Work: _____ Home: _____

Email Address: _____ Fax Number: _____

Old Residential Address:

Agency (if applicable): _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Telephone Numbers: Work: _____ Home: _____

Email Address: _____ Cell Phone: _____

New Residential Address:

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Telephone Numbers: Work: _____ Home: _____

Email Address: _____ Cell Phone: _____