

Insurance Agent Licence



**Address
Change**

ICM

Insurance Council of Manitoba

(Within the same province ONLY)

Agent Name: _____
FIRST MIDDLE LAST

Licence Number: _____

Old Address:

Address Change (check only one): Residential Business

Agency (if applicable): _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Telephone Numbers: Work: _____ Home: _____

Email Address: _____ Fax Number: _____

New Address:

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Telephone Numbers: Work: _____ Home: _____

Email Address: _____ Fax Number: _____

** Please note that this form will not suffice for an amendment or transfer of your licence. If you are changing your agency name 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.*