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 Building *Nunavut* Together
 Nunavut Iluqatigiingniq
 Bâtir le *Nunavut* ensemble

**Form DSA
 Designation of Signing Authority**

Office of the Superintendent of Insurance
 Department of Finance, Government of Nunavut
 2nd floor Parnaivik Building, 924 Mivvik Street
 P.O. Box 2260, Iqaluit, Nunavut, X0A 0H0

PART A - Company Information

Effective Date:

Nunavut Licence No.

Company Name:

Company Address:

Contact Name:

Email:

Phone:

Ext:

PART B - Designation of Authorized Representatives

The individuals listed below are authorized signatories for the Company (attach another form if you require more space):

Name and Title	Mailing Address	Phone and Email	Sample Signature
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How should the Office of the Superintendent treat previous designations of authority?

Dated at _____ on _____ Name _____

(mm/dd/yyyy)

Office use only:

Date Received: _____

Date Processed: _____

Processed by: _____

Title

Signature _____