**ANNEX II**

*(Paragraph 2.12.1(b)of Chapter 2)*

**Assessment Form**

To be completed by (re)insurance undertaking in cases where the key function is going to be outsourced

Key Function to be outsourced

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Name, address and contact details of service provider

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Is the service provider part of the same group of companies of the (re)insurance undertaking?

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Name of regulatory body, if applicable, that regulates the service provider

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Name of individual within the service provider with overall responsibility for the performance key function

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Qualifications and experience of such person within the service provider with overall responsibility for the performance key function

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Name of individual, within the (re)insurance undertaking who is being proposed to oversee the key function

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Fit and Proper assessment undertaken by the (re)insurance undertaking on the service provider.

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Does the (re)insurance undertaking envisage any potential conflict of interest within the service provider? If so please explain how such conflicts will be managed

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Please attach a copy of the outsourcing/service level agreement to be entered into between the (re)insurance undertaking and the service provider in relation to the outsourced function.