FIRST SCHEDULE

(*Paragraph 1.2.1 of Chapter 1*)

Insurance Distribution Act

(*Article 13 of the Act*)

Application for registration of individuals in the Agents Register, Managers Register or Brokers Register

I hereby apply for registration in the _____ Register under article 13 of the Insurance Distribution Act. The application is being submitted in terms of paragraph 6.3.1 of Chapter 6 on Knowledge and Ability.

An application for registration fee in accordance with the Insurance Distribution (Fees) Regulations made under the Act is made by cheque No. _____, enclosed, payable to the Malta Financial Services Authority.

Particulars relevant to this application are provided herein.

A: Personal details

A1.   Title:-   _____

          Name:-   _____

          Surname:-   _____

          Maiden Name (if applicable) :-   _____

A2.   Identity Card number:-   _____

A3.   Passport Number:-   _____

A4.   Date of birth:-   _____

A5.   Nationality:-   _____

A6.   Residential Address:-   _____

                                                        _____

                                                        _____

                                                        _____

A7.   Personal Telephone Number:-   _____

A8.   Personal Mobile Number:-   _____

A9.   Personal E-mail address:-   _____

A10.   Details of the enrolled company for   _____
           which the applicant will be acting
           as the registered person:-

Note:- A signed declaration from your employer confirming that the enrolled company is aware of this application is required. This declaration should be signed and dated by a senior official of the enrolled company.

B: Documentation

Please provide the Personal Questionnaire contained in Chapter 3 on the Criteria of Fitness and Properness for Intermediaries.

C: Declaration

The Individual

The particulars provided in this application and the documents produced with it are complete and true to the best of my knowledge, information and belief. I hereby authorise the competent authority to contact any person considered by the competent authority to be relevant, both at the date of application and at any time in the future unless and until I rescind this authority in writing. I also undertake to inform the competent authority in writing of any material change relevant to this application.

Signed _____   Date _____