FOURTH SCHEDULE

(Paragraph 1.6.2 of Chapter 1)

Companies Act (Cell Companies Carrying on Business of Insurance) Regulations

(Regulation 6 of the Regulations)

Application for approval of a cell of a cell company enrolled in the Managers List or Brokers List to carry out insurance distribution activities and, or reinsurance distribution activities

I/We hereby apply for the approval of a cell under regulation 6 of the above mentioned Regulations whose particulars are given below.

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

The particulars provided in this application and the documents produced with it are complete and true to the best of my/our knowledge, information and belief. I/We hereby authorise the competent authority to contact any or all of the persons mentioned hereunder or other persons 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/we rescind this authority in writing. I/We also undertake to inform the competent authority in writing of any material change relevant to the application.

Signature of cell company director(s)   _____

Date _____

A: **Applicant Details**

Name or proposed name of applicant:-

A1.   The cell company   _____

A2.   The cell   _____

B: **Ownership or User Details**

B1.   Individual shareholders or users of cell:-

Name:-   (1)_____

Identity Card number/ Passport number **(Note 1)**:-   _____

Address including Post Code:-   _____

_____

_____

Proportion and form of cell share capital held:-   _____

Name:-   (2)_____

Identity Card number/ Passport number **(Note 1)**:-   _____

Address including Post
Code:-

_____

_____

Proportion and form of cell
share capital held:-

_____

B2.   Body corporate shareholders
or users of cell:-

Name:-   (1)_____

Registration number:-   _____

Address of registered office
including Post Code:-   _____

_____

_____

Proportion and form of cell
share capital held:-   _____

Name:-   (2)_____

Registration number:-   _____

Address of registered office
including Post Code:-   _____

_____

_____

Proportion and form of cell
share capital held:- _____

C: Close Links

C1. Please provide details of the
identities of any persons who have
close links with the applicant:- _____

D: Cell advisors (Note 5)

D1. Names of persons who are
proposed to be appointed
advisors to the cell:- _____

_____

_____

E: Cell Share Capital (Note 6)

If the individual cell does not have cell share capital, proceed to Section F.

E1. Amount of the value of the
cell share capital:- _____

E2. Origin of the cell share
capital:- _____

E3. Details of the cell share
capital :- _____

E4.   Assets of the cell company   _____
      attributable to the cell :-

F: Country where insurance distribution activities and, or reinsurance distribution activities are to be carried on (*please tick the appropriate box)*

F1.   In Malta:-   [ ]

F2.   From Malta:-   [ ]
                                  give details
                                  below of
F3.   In and from Malta:-   jurisdictions   [ ]
                                  where the
                                  risks are
F4.   In or/and from a country outside Malta:- situated   [ ]

G: Others

G1.   On which date does the cell
      intend to commence carrying
      out insurance distribution   _____
      activities and, or reinsurance
      distribution activities

G2.   Have any of the parties
      connected with this
      application ever applied,
      either individually or in   _____
      conjunction with others, for
      authority to transact   _____
      insurance business or carry
      out insurance distribution   _____
      activities and, or reinsurance
      distribution activities in any   _____
      other jurisdiction?   If so
      please give details.   _____

G3. State any connection between the cell (including directors and officers of the cell user) and any person or organisation remunerated directly or indirectly by the cell.

_____

_____

_____

G4. Details of the cell bankers and the signatories to the cell's bank mandate. Please outline the signing details.

_____

_____

_____