

SECOND SCHEDULE

(Paragraph 1.6.2 of Chapter 1)

Insurance Distribution Act

(Article 13 of the Act)

Application for enrolment in the Agents List, Managers List or Brokers List

I hereby apply for the enrolment of _____ *(Name of Applicant)* in the _____ List under article 13 of the Insurance Distribution Act.

An application for enrolment fee in accordance with the Insurance Distribution (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 knowledge, information and belief. I 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 rescind this authority in writing. I also undertake to inform the competent authority in writing of any material change relevant to this application.

Name and Signature _____

Position _____

Date _____

Part I

*This Part of the application is to be completed **only** by **individuals** applying for enrolment in the Agents List, Managers List or Brokers List.*

A: Personal Details

A1. Surname:- _____

Name: _____

Title:- _____

A2. Identity Card number or Passport number (**Note 1**):-

Date of birth: _____

Nationality: _____

A3. Residential address:- _____

A4. Personal telephone number/s:- _____

- A5. Personal e-mail address/es:- _____
- A6. Personal mobile address/es:- _____
- A7. Principal professional activity _____

B: Principal Place of Business

- B1. Address of principal place of business, including Post Code:-

- B2. Business telephone number/s:-

- B3. Business e-mail address/es:-

C: Auditors

- C1. Name of approved auditors:- _____
- C1.1 Address including Post Code:- _____
- C1.2. Business telephone number/s:- _____
- C1.4. Business e-mail address/es:- _____

Part II

*This Part of the application is to be completed **only** by **companies**. However, foreign companies should only complete Sections A and B.*

A: Company Details (Note 2)

A1. Name of company:- _____

A2. Date of registration:- _____

A3. Registration number:- _____

A4. Address of registered office,
including Post Code:-

A5. Business telephone number/s:- _____

A6. Business mobile number/s:- _____

A7. Business e-mail address/es:- _____

A8. Date of the company's financial
year end:-

A9. Name of company secretary:-

B: Qualifying shareholders and percentage sizes of holdings or voting rights

B1. *Individual shareholders:-*

Name:- (1) _____

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

Address including Post Code:-

Proportion and form of voting
rights/share capital held:- _____

Name:- (2) _____

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

Address including Post Code:-

Proportion and form of voting
rights/share capital held:- _____

B2. *Body corporate shareholders:-*

Name:- (1) _____

Registration Number:-

Address of registered office
including Post Code:-

Proportion and form of voting
rights/share capital held:-

Name:- (2) _____

Registration Number:-

Address of registered office
including Post Code:-

Proportion and form of voting
rights/share capital held:-

C: Directors, Management and Officers (Note 3)

C1. Names of persons who are proposed to be appointed as directors, controllers or senior managers of the company and their role within the company:-

C2. Name of person who is proposed to be appointed as a compliance officer:-

C3. Name of person who is proposed to be appointed as a money laundering reporting officer (if applicable):-

D: Principal Place of Business

D1. Address of principal place of business, including Post Code (if not the same as A4 of this Part):-

D2. Business telephone number/s:-

D3. Business mobile number/s:- _____

D4. Business e-mail address/es:- _____

E: Registered insurance person/s (Principal place of business)

E1. Name/s and status of registered insurance person/s (*status means whether director (D) or employee (E) of the company*):- (1) _____
(2) _____
(3) _____

E2. Certificate/s of registration number/s:- (1) _____
(2) _____
(3) _____

F: Branch or branches

F1. Address or addresses of branch or branches including Post Code:-

F2. Branch telephone number/s:- _____

F3. Branch e-mail address/es:- _____

G: Proposed registered insurance person/s for the Branch/es

G1. Name/s and status of registered insurance person/s (*status means whether director (D) or employee (E) of the company*):- (1) _____
(2) _____
(3) _____

G2. Certificate/s of registration number/s:- (1) _____
(2) _____
(3) _____

H: Auditors

H1. Name of approved auditors _____

H2. Address including Post Code:- _____

H3. Business telephone number/s:- _____

H4. Business e-mail address/es:- _____

Part III

*This part of the application is to be completed only by **foreign companies***

A: Company Directors

A1. Name/s of company director/s:- (1) _____
(2) _____
(3) _____

A2. Identity Card number or Passport (1) _____
number/ Company Registration (2) _____
number:- (3) _____

B: Authorisation/permission to carry out insurance distribution activities and, or reinsurance distribution activities in the country of registration, incorporation or constitution

B1. Authorisation/permission number:- _____

C: The Malta Branch

C1. Date of registration as an overseas company under the Companies Act, 1995 (*day/month/year*):- _____

C2. Registration number:- _____

C3. Address of branch including Post Code:-

C4: Name of Officers (Note 3)

C4.1. Name of person who is proposed to be appointed as a compliance officer:-

C4.2. Name of person proposed to be appointed as a money laundering reporting officer (*if applicable*):-

D: Principal Place of Business

D1. Address of principal place of business in Malta, including Post Code (*if not the same as C3 of this Part*):-

D2. Business telephone number/s:-

D3. Business mobile number/s:-

D4. Business e-mail address/es:-

E: Proposed registered insurance persons/s for the Principal place of business

E1. Name/s and status of registered insurance person/s (*status means whether director (D) or employee (E) of the company*):- (1) _____
(2) _____
(3) _____

E2. Certificate/s of registration number/s:- (1) _____
(2) _____
(3) _____

F: Other Place/s of Business

F1. Address or addresses of other place or places of business in Malta, including Post Code:- _____

F2. Business telephone number/s:- _____

F3. Business mobile number/s:- _____

F4. Business e-mail address/es:- _____

G: Proposed registered insurance person/s for other place/s of business (if applicable)

G1. Name/s and status of registered insurance person/s (*status means whether director (D) or employee (E) of the company*):- (1) _____
(2) _____
(3) _____

G2. Certificate/s of registration number/s:- (1) _____
(2) _____
(3) _____

H: Company representative in Malta

H1. Name of individual or body corporate _____

H2. Identity Card number/ Passport number or Registration number and Date of Registration under the Companies Act (Cap. 386) _____

H3. Address including Post Code:- _____

H4. Business telephone number/s: _____

H5. Business mobile number/s: _____

H6. Business e-mail address/es:- _____

H7. Where the company representative is a body corporate, details of the individual representative of the body corporate

H7.1. Name and Surname:- _____

H7.2. Business address including Post Code:-

H7.3. Business telephone number/s:- _____

H7.4. Business mobile number/s:- _____

H7.5. Business e-mail address/es:- _____

Part IV

*This Part of the application is to be completed **only** where the applicant is a local company to be formed or constituted as a cell company or to be converted into a cell company under regulation 6 of the Companies Act (Cell Companies Carrying on Business of Insurance) Regulations to act as an insurance manager or to carry on business of insurance broking.*

A: Nature of Application (please tick the appropriate box)

Application for enrolment in the Managers List or Brokers List as a cell company to carry out insurance distribution activities under article 13 of the Insurance Distribution Act.

Application for the conversion of an enrolled company into a cell company

B: General

B1. State reasons why a cell company is required and how the cells will be used.

B2. Have any of the parties connected with this application ever applied, either individually or in conjunction with others, for authority to carry on insurance business or carry out insurance distribution activities in any other jurisdiction? If so give details.

B3. State any connection between the cell company non-cellular section (including directors and officers of the cell company) and any person or organisation remunerated directly or indirectly by the cell company non-cellular section.

B4. Please advise whether or not the non-cellular section will be carrying out any insurance distribution activities and, or reinsurance distribution activities.

Part V

*This Part of the application is to be completed **by all persons** applying for enrolment in the **Agents List, Managers List or Brokers List***

A: Principal Bankers

A1. Name of the principal bankers:- _____

A2. Address including Post Code:- _____

A3. Business telephone number/s:- _____

A4. Business mobile number/s:- _____

A5. Business e-mail address/es:- _____

B: Legal Consultants

B1. Name of legal consultants:- _____

B2. Address including Post Code:- _____

B4. Business mobile number/s:- _____

B5. Business e-mail address/es:- _____

C: Close links

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

D: Professional Indemnity Insurance

D1. Amount of cover:- _____

D2. Amount of excess:- _____

E: Fidelity Bond – where applicable (please tick)

E1. *Form (please tick)*

E1.1. Contract of insurance:-

E1.2. Guarantee provided by a bank or credit institution:-

E1.3. Letter of credit established with a bank or credit institution:-

E2. *Nomination of approved person to administer the fidelity bond*

E2.1. Name of individual or company:- _____

E2.2. Identity Card number or Passport number or Registration number:- _____

E2.3. Address including Post Code:-

E2.4. Telephone number/s _____

E2.5. Mobile number/s _____

E2.6. E-mail address/es:- _____