

SEVENTH SCHEDULE

(Paragraph 1.11.1 of Chapter 1)

Insurance Distribution Act

(Article 9 of the Act)

The Agents List, Managers List or Brokers List

Particulars of foreign companies carrying on insurance intermediaries activities and or reinsurance intermediaries activities

A: Company details

- A1. Name of company.
- A2. Date of registration, incorporation or constitution under the laws of the country where its head office is situated (*day/month/year*).
- A3. Number of registration, incorporation or constitution.
- A4. Address of registered office.

B: Authorisation/permission to carry on insurance intermediaries activities and or reinsurance intermediaries activities in the country of registration, etc.

- B1. Authorisation /permission number.

C: The Malta branch

- C1. Name of company.
- C2. Date of registration under the Companies Act (Cap. 386) (*day/month/year*).
- C3. Registration number.

C4. Address of registered office.

D: Registered insurance person/s (Branch)

D1. Name/s of registered person/s within the management responsible for insurance intermediaries activities of the branch.

D2. Status of registered person/s (*that is to say whether director (D) or employee (E) of the company*).

D3. Certificate/s of registration number/s.

E: Company representative

E1. (*where the representative is an individual*)

E1.1. Full name (*surname/forename/s including title and name by which commonly known*).

E1.2. Any previous names by which known.

E1.3. Identity Card number/Passport number.

E1.4. Business telephone number/s.

E1.5. Business e-mail address/es.

E2. (*where the representative is not an individual*)

E2.1. Name of body corporate.

E2.2. Date of registration under the Companies Act (Cap. 386) (*day/month/year*).

E2.3. Registration number.

E2.4. Address of registered office.

E2.5. Address of principal place of business (*if not the same as E2.4.*).

E2.6. Business telephone number/s.

E2.7. Business e-mail address/es.

E2.8. Full name of the individual representative (*surname/forename/s including title and name by which commonly known*).

E2.8.1 Any previous name by which known.

E2.9 Business address or addresses.

E2.10 Identity Card number/ Passport number.

E2.11 Business telephone number/s.

E2.12 Business e-mail address/es.

F: Principal place of business

F1. Address of principal place of business in Malta (*if not the same as A4.*).

F2. Business telephone number/s.

F3. Business e-mail address/es.

G: Other places of business

G1. Address or addresses of other place or places of business in Malta.

G2. Business telephone number/s.

G3. Business e-mail address/es.

H: Registered insurance person/s (Other place/s of business)

H1. Name/s of registered person/s within the management responsible for insurance intermediaries activities **and or reinsurance intermediaries activities**.

H2. Status of registered persons/s (*that is to say whether director (D) or employee (E) of the company*).

H3. Certificate/s of registration number/s.

I: Enrolment

- I1. Date of enrolment (*day/month/year*).
- I2. Enrolment number.