

## SIXTH 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 local intermediaries carrying out insurance intermediaries activities and, or reinsurance distribution activities**

##### **A: Personal Details**

A1. *(where the person is an individual)*

A1.1. Full name *(surname/forename/s including title and name by which commonly known)*.

A1.2. Any previous name by which known.

A1.3. Identity Card number/Passport number.

A1.4. Address of place of business.

A1.5. Business telephone number/s.

A1.6. Business e-mail address/es.

A2. *(where the person is not an individual)*

A2.1. Name of body corporate.

A2.2. Date of registration under the Companies Act (Cap 386) *(day/month/year)*.

A2.3. Registration number.

A2.4. Address of registered office.

A2.5. Address of places of business (*if not the same as A2.4*).

A2.6. Business telephone number/s.

A2.7. Business e-mail address/es.

**B: Intermediaries activities**

B1. Category for which the intermediary is enrolled.

B2. Classes of insurance (*where applicable*)

**Long term business -**

- I.  Life and annuity
- II.  Marriage and birth
- III.  Linked long term
- IV.  Permanent health
- V.  Tontines
- VI.  Capital redemption
- VII.  Pension fund management
- VIII.  Collective insurance
- IX.  Social insurance

**General business -**

- 1  Accident and Health 

1	2
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- 2  Motor 

1(d)	3	7	10
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- 3  Marine and Transport 

1(d)	4	6	7	12
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4	<input type="text"/>	Aviation	1(d)	5	7	11
5	<input type="text"/>	Fire and other Damage to Property	8	9		
6	<input type="text"/>	Liability	10	11	12	13
7	<input type="text"/>	Credit and Suretyship	14	15		
8	<input type="text"/>	General	1	2	3	4
			6	7	8	9
			11	12	13	14
			16	17	18	

B3. Member State or EEA State in which the intermediary passported its activities specifying the method of passporting, (that is to say via freedom of establishment or services).

B4. In the case of an intermediary carrying out insurance intermediaries activities and, or reinsurance distribution activities for and on behalf of an authorised company, name of the authorised company which the intermediary represents.

**C: Registered insurance person/s (Head Office)**

C1. Name/s of registered person/s within the management responsible for insurance intermediaries activities and, or reinsurance distribution activities.

C2. Status of registered person/s (*that is to say whether director (D) or employee (E) of the company*).

C3. Certificate/s of registration number/s.

**D: Principal place of business**

D1. Address of principal place of business (*if not the same as A1.4 or A2.4*).

D2. Business telephone number/s.

D3. Business e-mail address/es.

**E: Branch or branches**

- E1. Address or addresses of branch or branches.
- E2. Business telephone number/s.
- E4. Business e-mail address/es (if applicable).

**F: Registered insurance person/s (Branch/es)**

- F1. Name/s of registered person/s conducting insurance intermediaries activities and, or reinsurance distribution activities from the branch.
- F2. Status of registered person/s (*that is to say whether director (D) or employee (E) of the company*).
- F3. Certificate/s of registration number/s.

**G: Enrolment**

- G1. Date of enrolment (*day/month/year*).
- G2. Enrolment number.