

MALTA FINANCIAL SERVICES AUTHORITY

Eighth Schedule – Application by a European Insurance Undertaking or an insurance intermediary registered under Article 3 of the Insurance Distribution Directive (Directive (EU) 2016/97) for enrolment of persons in the Ancillary Insurance Intermediaries List

Application by a European Insurance Undertaking or an insurance intermediary registered under Article 3 of the Insurance Distribution Directive (Directive (EU) 2016/97) for enrolment of persons in the Ancillary Insurance Intermediaries List

This document includes the Application by a European Insurance Undertaking or an insurance intermediary registered under Article 3 of the Insurance Distribution Directive (Directive (EU) 2016/97) for enrolment of persons in the Ancillary Insurance Intermediaries List

EIGHTH SCHEDULE

(Paragraph 2.3.7 of Chapter 2)

Application by a European Insurance Undertaking or an insurance intermediary registered under Article 3 of the Insurance Distribution Directive (Directive (EU) 2016/97) for enrolment of persons in the Ancillary Insurance Intermediaries List

I hereby apply for enrolment in the Ancillary Insurance Intermediaries List under article 43 of the Insurance Distribution Act of the person whose particulars are given hereunder.

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

Particulars of the person relevant to this application are provided herein.

Part I

(This part of the application should be completed where the person is an individual)

A: Personal details

A1.

Title:

Name:

Maiden Name:

Surname:

A2.

Principal Professional Activity:

A3.

Identification Type:

Identity Card Number:

Passport Number:

A4.

Date of Birth:

Day/Month/Year

A5.

Nationality:

A6.

Residential Address:

A7.

Personal Telephone Number:

A8. Personal Mobile Number: _____

A9. Personal Email Address: _____

A10. Address of place/s of business, including postcode, from where the ancillary insurance intermediaries' activities are to be carried out:

(1) _____

(2) _____

Part II

(This part of the application should be completed where the person is not an individual)

B: Company details

B1. Name of body corporate /
organisation:

Date of Registration under the
Companies Act (Cap. 386), if
applicable:

Registration Number:

Address of Registered Office:

B2. Business Telephone Number/s:

B3. Business Mobile Number:

B4. Business email address/es:

B5. Address of place/s of business from where ancillary insurance intermediaries' activities are to be carried out:

(1) _____

(2) _____

B6. Business Telephone Number:

Business Mobile Number:

Business email address:

Where ancillary insurance intermediaries' activities are to be carried out from more than one place of business.

B7. Branch Address:

B8. Branch Telephone Number:

B9. Branch Mobile Number:

B10. Branch Email Address: _____

C. Full name of individual/s satisfying the requirements of article 43E of the Act.

C1. Surname: _____

C2. Forename/s: _____

C3. Title: _____

C4. Date of Birth: _____
Day/Month/Year

C5. Nationality: _____

C6. Identity Card Number: _____

Where ancillary insurance intermediaries' activities are to be carried out from more than one place of business, the body corporate/organisation shall have, in each such place of business, presence of an individual satisfying those requirements. (attach a list of such individuals giving, in respect of each individual, particulars set out in C).

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

D1. Individual Shareholders:

Name: (1) _____

Identity Card / Passport Number: _____

Note 1

Address including Postcode: _____

Proportion and Form of Voting
Rights / Share Capital Held:

Name: (2) _____

Identity Card / Passport Number: _____

Note 1

Address including Postcode: _____

Proportion and Form of Voting
Rights / Share Capital Held:

D2. Body Corporate Shareholders:

Name:

(1) _____

Registration Number:

Address of Registered Office
including Postcode:

Proportion and Form of Voting
Rights / Share Capital Held:

Name:

(2) _____

Registration Number:

Address of Registered Office
including Postcode:

Proportion and Form of Voting
Rights / Share Capital Held:

Part III

This part of the application should be completed by all persons concerned (natural and legal persons)

E. Connected Persons (please tick the appropriate box, where applicable)

E1. An person concerned is connected with an undertaking authorised under the Insurance Business Act (Cap. 403) to carry on business of insurance or a European insurance undertaking having its head office in a Member State or EEA State establishing a branch or providing services in Malta in exercise of a European right (the "insurance undertaking") if:

- (a) the person concerned holds a direct or indirect shareholding representing more than 10% of the voting rights or of the capital in the insurance undertaking;
- (b) the insurance undertaking or parent undertaking of a given insurance undertaking has a holding, direct or indirect, representing more than 10% of the voting rights or of the capital in the person concerned.

☐☐

F: Professional Indemnity Insurance or Comparable Guarantee (Note)

F1. Professional Indemnity Insurance indemnifying the Ancillary Insurance Intermediary

F1.1 Amount of cover: _____

F1.2 Amount of excess: _____

F2. Comparable Guarantee (please tick the appropriate box) ☐

F2.1 Letter of undertaking from the European Insurance Undertaking or an insurance intermediary registered under Article 3 of the Insurance Distribution Directive ☐

F2.2. Other (please specify hereunder)

G. European insurance undertaking / insurance intermediary registered under Article 3 of the Insurance Distribution Directive applying for enrolment of ancillary insurance intermediary

G1. Name of European Insurance Undertaking:

Address of Principal Place of Business:

Business Telephone Number/s:

Business email address/es:

G2. Name of Insurance Intermediary registered under Article 3 of the Insurance Distribution Directive:

Address of Principal Place of Business:

Business Telephone Number/s:

Business email address/es:

H: Close links

- H1. Please provide details of the identities of any persons who have close links with the person concerned:

I: European insurance undertaking /insurance intermediary registered under Article 3 of the Insurance Distribution Directive applying for enrolment of ancillary insurance intermediary

- I1. Name of European Insurance Undertaking / Insurance Intermediary:

Address of Principal Place of Business:

Business Telephone Number/s:

Business email address/es:

J: Ancillary insurance intermediaries activities relating to class or classes of business of insurance to be carried out (Before attempting to fill in this section, please read note below this section)

J1. Activities assigned are to be indicated by (✓) in the appropriate box.

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:

		General	1	2	3	4	5
			6	7	8	9	10
			11	12	13	14	15
			16	17	18		

Note:

Ancillary insurance intermediaries' activities shall be assigned:

- (a) in the case of **long-term business**, by **classes** as specified in the Second Schedule to the Insurance Business Act (Cap. 403);
- (b) in the case of **general business**, by **groups of classes** as specified in Part II of the Third Schedule to the Insurance Business Act (Cap. 403).

In both cases, please refer to the ancillary insurance intermediaries activities which pursuant to section 11.4 of Chapter 11 on the Provisions applicable to specific insurance and reinsurance intermediaries, may be carried out by the person concerned.

An ancillary insurance intermediary appointed by a European insurance undertaking or an insurance intermediary registered under Article 3 of the Insurance Distribution Directive and seeking to be enrolled with the competent authority shall be required to hold a professional indemnity insurance covering the whole territory of the European Union, or some other comparable guarantee against liability arising from professional negligence, for at least 1,250,000 Euro applying to each claim and in aggregate 1,850,000 Euro per year for all claims, unless such insurance or comparable guarantee is already provided by such European insurance undertaking or such insurance intermediary on whose behalf the ancillary insurance intermediary is acting or for which the ancillary insurance intermediary is empowered to act or European insurance intermediary has taken on fully responsibility for the ancillary insurance intermediary's actions.

The European insurance undertaking or insurance intermediary registered under Article 3 of the Insurance Distribution Directive shall provide a letter to the competent authority whereby it undertakes at all times to be responsible for any act or omission pertaining to a contract of insurance issued by such European insurance undertaking or such insurance intermediary offered on its behalf through the services of the ancillary insurance intermediary.

Declaration:

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 confirm that each individual who is to carry out the ancillary insurance intermediaries' activities:

- is a person resident in Malta;
- is over the age of 18 years;
- holds a clean police conduct certificate;
- possesses secondary school level of education;
- has successfully completed a course for ancillary insurance intermediaries pursuant to the requirements of Section 6.4 of Chapter 6 on Knowledge and Ability; and
- is a fit and proper person.

I further confirm that the person concerned is: *(please tick the appropriate box)*

Authorised to collect and hold monies in relation to policies of insurance

☐

Not authorised to collect and hold monies in relation to policies of insurance

☐

I hereby authorise the competent authority to contact any or all of the above-named or any other 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.

Name of undertaking / intermediary (in block capitals): _____

Name of person signing on behalf of the undertaking / intermediary: _____

Position Title: _____

Signed: _____ Date: _____

Documentation:

Please provide the following documentation:

1. Where the ancillary insurance intermediary is not an individual, Memorandum and Articles of Association or Deed of Incorporation is to be submitted in draft form and should include the following clause *"to act as an ancillary insurance intermediary under the Insurance Distribution Act."*
2. Evidence that the person in respect of who/which the application is being submitted has successfully completed a course for ancillary insurance intermediaries pursuant to the requirements of Section 6.4 of Chapter 6 on Knowledge and Ability.
3. The previous original certificate of enrolment where the person concerned is enrolled in the Ancillary Insurance Intermediaries List to carry out ancillary insurance intermediaries activities for or on behalf of another undertaking concerned in the same classes of business to which this application relates.
4. (a) A quotation of a policy of professional indemnity insurance which should conform with the requirements of the Professional Indemnity Insurance issued by the competent authority and set out in Section 1.9 of Chapter 1; or

(b) A copy of the comparable guarantee (in draft form) to be approved by the competent authority.