

## **FIRST SCHEDULE**

*(Paragraph 2.2.2 of Chapter 2)*

### **INSURANCE DISTRIBUTION ACT**

*(Article 34 of the Act)*

#### **The Tied Insurance Intermediaries Company Register**

##### **Registration of persons carrying out tied intermediaries activities**

##### **Particulars to be provided**

##### **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 names by which known.

A1.3. Nationality.

A1.4. Identity Card number.

A1.5. Business address or addresses.

A1.6. Business telephone number/s.

A1.7. Business e-mail address/es

A2. *(where the person is a body corporate)*.

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 place of business (*if not the same as A2.4*).
- A2.6. Business telephone number/s.
- A2.7. Business e-mail address/es.
- A2.8. Full name of individual satisfying the requirements of article 37(2) of the Act. (*surname/forename/s including title and name by which commonly known*).
- A2.9. Any previous name by which known.
- A2.10 Nationality.
- A2.11 Identity Card number.
  
- A3. (*where the person is a body corporate*).
- A3.1. Name of body corporate.
- A3.2. Date of registration under the Companies Act (Cap. 386) (*day/month/year*).
- A3.3. Registration number.
- A3.4. Address of registered office.
- A3.5. Address of place of business (if not the same as A2.4).
- A3.6. Business telephone number/s.
- A3.7. Business e-mail address/es.
- A3.8. Full name of individual satisfying the requirements of article 37(2) of the Act. (*surname/forename/s including title and name by which commonly known*).
- A3.9. Any previous name by which known.
- A3.10 Nationality.
- A3.11 Identity Card number.

**B: Tied Insurance Intermediaries Activities**

**B1. 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

**B2. General business –**

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

**C: Registration of applicant in the Tied Insurance Intermediaries Company Register of any other authorised company or companies.**

C1. Name/s of company or companies.

C2. Tied Insurance intermediaries activities currently being carried out

**C2.1 Long term business:**

I	II	III	IV	V	VI	VII	VIII	IX

**C2.2 General business:**

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

**D: Registration**

D1. Date of registration (*day/month/year*).

D2. Registered number.