

FOURTH SCHEDULE

(Paragraph 2.3.3 of Chapter 2)

Insurance Distribution Act

(Article 37 of the Act)

Application for Persons to be entered in the Tied Insurance Intermediaries List (in relation to local Insurance Undertakings or enrolled insurance agents)

I hereby apply for enrolment in the Tied Insurance Intermediaries List under article 37 of the Insurance Distribution Act of the person whose particulars are given hereunder registered in the Tied Insurance Intermediaries Company Register of the undertaking under the said article.

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.

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. Position:-
 Full-time / Self-employed (If employed, state the name of employer; if self-employed, state the nature of business/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 Post Code, from where the tied 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 e-mail address/es:- _____

B5. Address of place/s of business (1) _____
from where tied insurance
intermediaries activities are to be
carried out:- _____

(2) _____

B6. Business telephone number:- _____

Business mobile number:- _____

Business email address:- _____

B7. In the case of long term business, name of individual who is proposed to be appointed as money laundering reporting officer, where applicable.

Title:- _____

Name:- _____

Maiden Name (if applicable):- _____

Surname:- _____

Identity Card/Passport number:- _____

Date of Birth (*day/month/year*):- _____

Nationality:- _____

Personal telephone number:- _____

Personal mobile number:- _____

Personal e-mail address- _____

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

B8. Branch Address:- _____

B9. Branch telephone number:- _____

B10. Branch mobile number:- _____

B11. Branch email address:- _____

C. Full name of individual/s satisfying the requirements of article 37(2) of the Act.

Surname:- _____

Forename/s:- _____

Title:- _____

Date of Birth (*day/month/year*):- _____

Nationality:- _____

Identity Card number:- _____

Where tied 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 B8.).

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

D1. *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:- _____

D2. *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:-

Part III

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

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

E1. An applicant is connected with an undertaking authorised under the Insurance Business Act (Cap. 403) to carry on business of insurance (the “insurance undertaking”) if:

(a) the applicant 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 applicant.

F: Undertaking authorised under the Insurance Business Act (Cap. 403), or insurance agent enrolled under the Act applying for enrolment of a person in the Tied Insurance Intermediaries List

F1. Name of undertaking authorised under the Insurance Business Act/ enrolled insurance agent:- _____

F2. Where application is made by an insurance agent acting for one undertaking, name of undertaking on whose behalf tied insurance intermediaries activities are to be carried out:- _____

F3. Where application is made by an insurance agent acting for more than one undertaking, name of undertakings on whose behalf tied insurance intermediaries activities are to be carried out:

Long term business:-

(1) _____

(2) _____

General business:-

(3) _____

(4) _____

(5) _____

(6) _____

G: Close links

G1. Please provide details of the identities of any persons who have close links with the applicant:-

H: Tied 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*)

H1 Where application is made by a company authorised under the Insurance Business Act or insurance agent acting for one company, activities assigned are to be indicated by (√) in the appropriate box.

H2. Where application is made by an insurance agent acting for more than one undertaking, activities assigned are to be indicated in the appropriate box by arabic number:

(1) if the activities relate to long term business and are to be carried out on behalf of the undertaking listed as B3. (1);

- (2) if the activities relate to long term business and are to be carried out on behalf of the undertaking listed as B3. (2);
- (3) if the activities relate to long term business and are to be carried out on behalf of the undertaking listed as B3. (3);
- (4) if the activities relate to general business and are to be carried out on behalf of the undertaking listed as B3. (4);
- (5) if the activities relate to general business and are to be carried out on behalf of the undertaking listed as B3. (5).
- (6) if the activities relate to general business and are to be carried out on behalf of the undertaking listed as B3. (6).

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	<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			

Note

Tied 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, shaded classes are classes not subject to tied insurance intermediaries activities as determined by Chapter 11 on the Provisions applicable to specific insurance and reinsurance intermediaries.

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 tied 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 tied insurance intermediaries pursuant to the requirements of Section 6.4 of Chapter 6 on Knowledge and Ability; and
- is a fit and proper person*.

**(to carry out this assessment pursuant to Chapter 3 – Fitness and Properness of Insurance Intermediaries, the undertaking should also require the applicant concerned to provide it with a bank reference).*

I further confirm that the applicant 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

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 (in block capitals): _____

Name of person signing on behalf of the undertaking: _____

Position Title: _____

Signed _____

Date _____

Documentation

Please provide the following documentation:

1. Where the tied 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 a tied 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 of tied 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 applicant is enrolled in the Tied Insurance Intermediaries List to carry out tied insurance intermediaries activities for or on behalf of another company concerned in the same classes of business to which this application relates.