

MALTA FINANCIAL SERVICES AUTHORITY

Seventh Schedule – Application by an Insurance Broker enrolled under the Act for the enrolment of persons in the Ancillary Insurance Intermediaries List

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This document includes the Application by an Insurance Broker enrolled under the Act for the enrolment of persons in the Ancillary Insurance Intermediaries List

SEVENTH SCHEDULE
(Paragraph 2.3.6 of Chapter 2)

Application by an Insurance Broker enrolled under the Act for the enrolment of persons in the Ancillary Insurance Intermediaries List

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

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:	_____
	<i>Day/Month/Year</i>	
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 company: _____

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,
including postcode 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. A person concerned 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 person concerned holds a direct or indirect shareholding representing more than 10% of the voting rights or of the capital in the insurance undertaking; | <input type="checkbox"/> |
| (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. | <input type="checkbox"/> |

F: Insurance broker enrolled under the Act applying for enrolment of a person in the Ancillary Insurance Intermediaries List

- F1. Name of insurance broker enrolled under the Act for which the person concerned will be carrying out Ancillary insurance intermediary activities:

G: Close links

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

H: Ancillary insurance intermediaries activities relating to the insurance products to be sold by the ancillary insurance intermediary through the insurance broker

- H1. Please provide us with details of the insurance product to be sold by the ancillary insurance intermediary including the classes under which insurance product falls.

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 enrolled insurance broker (in block capitals): _____

Name of person signing on behalf of the enrolled insurance broker: _____

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 company concerned in the same classes of business to which this application relates.