

**MALTA FINANCIAL SERVICES AUTHORITY**

**Sixth Schedule – Application for enrolment in the Agents List,  
Managers List or Brokers List**

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

—

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

—

**SIXTH SCHEDULE**  
*(Paragraph 2.3.5 of Chapter 2)*

**Application for Persons to be entered in the Ancillary Insurance Intermediaries**

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.

## 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  
from where ancillary insurance  
intermediaries' activities are to be  
carried out:

(1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B6. Business Telephone Number: \_\_\_\_\_

B7. Business Mobile Number: \_\_\_\_\_

B8. Business email address: \_\_\_\_\_

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

B9. Branch Address: \_\_\_\_\_  
\_\_\_\_\_

B10. Branch Telephone Number: \_\_\_\_\_

B11. Branch Mobile Number: \_\_\_\_\_

B12. 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: Undertaking authorised under the Insurance Business Act (Cap. 403), or insurance agent enrolled under the Act applying for enrolment of a person in the Ancillary 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  
ancillary 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  
ancillary insurance  
intermediaries' activities are to  
be carried out:

---

Long-Term Business:

---

General Business:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

**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 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:**

		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 **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.

**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 / insurance agent (in block capitals): \_\_\_\_\_

Name of person signing on behalf of the undertaking / insurance agent: \_\_\_\_\_

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.