

## THIRD SCHEDULE

*(Paragraph 4.3.4(a) of Chapter 4)*

### **Insurance Business (Approved Auditor) Regulations, 2001**

*(Regulation 4 of the Regulations)*

#### **Application by holders of a warrant to act as accountant and auditor for an authorisation to act as approved auditor under the Insurance Business Act, 1998**

Director-General  
Malta Financial Services Authority

I hereby apply for the issue of an authorisation to act as approved auditor under the Insurance Business Act, 1998.

An application for authorisation fee in terms of the Insurance Business (Fees) Regulations, 2014, is made by cheque No. \_\_\_\_\_, enclosed, payable to the Malta Financial Services Authority.

Particulars of applicant and other matters relevant to this application are provided herein.

**A: Personal details**

A1. Surname:- \_\_\_\_\_

Forename/s:- \_\_\_\_\_

Title:- \_\_\_\_\_

**B: Warrant to act as accountant  
and auditor under the  
Accountancy Profession Act  
(Cap 281)**

\_\_\_\_\_

B1. Date of issue of warrant  
(day/month/year):-

\_\_\_\_\_

B.2. Warrant number:-

\_\_\_\_\_

**C: Place of business**

C1. Address of principal place  
of business:-

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C2. Business telephone number/s:-

\_\_\_\_\_

C3. Business fax number/s:-

\_\_\_\_\_

C4. Business e-mail address/es:-

\_\_\_\_\_

**D: Indemnity insurance contract**

D1. Amount of cover:- \_\_\_\_\_

D2. Excess:- \_\_\_\_\_

D3. Period of cover (*both dates inclusive*):- \_\_\_\_\_

D4. Details of any indemnity insurance contracts relating to any other activities carried out under any other law or otherwise

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

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

(3) \_\_\_\_\_

(4) \_\_\_\_\_

**E: Documentation**

Please provide the following documentation:

1. A copy of the warrant to act as accountant and auditor under the Accountancy Profession Act, (Cap. 281).
2. The Personal Questionnaire set out in Annex I of Chapter 2 in Part A of these Insurance Rules.
3. A precise description of the responsibilities in previous and current engagements during the last 10 years (*from the most recent to most*

*dated*) indicating the extent to which this experience is relevant to business of insurance.

4. Evidence that the person in respect of who/which the application is being submitted has successfully completed a course on the insurance undertakings accounts and/or the audit of insurance undertakings accounts organised by a local or foreign firm, body or institution recognised by the competent authority.
5. A quotation of a policy of professional indemnity insurance which should conform with the requirements of this Chapter.
6. Any other documents mentioned in any article of this application.

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 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.

Signed \_\_\_\_\_  
(name of applicant)

Date \_\_\_\_\_

**Notes:**

- The **original** document or a **photocopy** of the **original** document is to be produced. Where a **photocopy** of a document is produced, the competent authority may require the applicant to produce the **original** of that document.