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| MALTA FINANCIAL SERVICES AUTHORITY |  |
| **First Schedule – The Application Form**  |  |
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| **Application for an authorisation to carry on business of insurance under article 7 of the Insurance Business Act** |
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| This application form is to be completed by:a) an undertaking desirous of applying for authorisation to carry on and, on continuing basis, an undertaking authorised to carry on business of insurance; orb) an undertaking desirous of applying for authorisation to carry on business of insurance as a Protected Cell Company; orc) an undertaking desirous of applying for authorisation to carry on business of insurance as an Incorporated Cell Company; ord) an undertaking authorised under the Act desirous of applying for authorisation to convert into a protected cell company or transform into an incorporated cell company or an incorporated cell; ore) a protected cell company authorised under the Act, having no protected cells desirous of applying for approval of a transformation into an incorporated cell company; orf) a protected cell company authorised under the Act, having one or more protected cells desirous of applying for approval of a division into an incorporated cell company and one or more incorporated cells; org) an incorporated cell company authorised under the Act, but having no incorporated cells, that desires to apply for approval for a transformation to a protected cell company; or h) an incorporated cell company or an incorporated cell for approval for a transformation into a non-cellular company. |

| **Application Details** |
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| All questions in this form should be answered and any questions which are not relevant to the application at hand should be left blank.  |
| **1** | **Applicant Details** |
| 1.1 | Title | Choose an item |
| 1.2 | Name | Enter text | 1.3 | Surname | Enter text |
| 1.4 | Nationality | Enter text | 1.5 | Date of Birth | DD / MM / YYYY |
| 1.6 | ID Card Number | (mandatory if residing in Malta)Enter text | 1.7 | Passport Number | Enter text |
| 1.8 | Email Address | Enter text |
| 1.9 | Contact Number | Enter text |
| 1.10 | Home Address | Enter text |
| **2** | **Legal Advisors Details** |
| 2.1 | Legal Firm Name | (if applicable)Enter text |
| 2.2 | Contact Person Name | Enter text | 2.3 | Contact Person Surname | Enter text |
| 2.4 | Business Email Address | Enter text |
| 2.5 | Business Contact Number | Enter text |
| **3** | **Insurance Manager Details**(this section needs to be completed only if the applicant will be managed) |
| 3.1 | Entity Name | Enter text |
| 3.2 | Company Number | Enter text |
| 3.3 | Contact Person Name | Enter text | 3.4 | Contact Person Surname | Enter text |
| 3.5 | Business Email Address | Enter text |
| 3.6 | Business Contact Number | Enter text |
| **4** | **Core Details** |
| 4.1 | Prospective Company Name | (this will appear on the authorisation certificate, if granted)Enter text |
| 4.2 | This application is being submitted by | a) an undertaking desirous of applying for authorisation to carry on and, on continuing basis, an undertaking authorised to carry on business of insurance; orb) an undertaking desirous of applying for authorisation to carry on business of insurance as a Protected Cell Company; orc) an undertaking desirous of applying for authorisation to carry on business of insurance as an Incorporated Cell Company; ord) an undertaking authorised under the Act desirous of applying for authorisation to convert into a protected cell company or transform into an incorporated cell company or an incorporated cell; ore) a protected cell company authorised under the Act, having no protected cells desirous of applying for approval of a transformation into an incorporated cell company; orf) a protected cell company authorised under the Act, having one or more protected cells desirous of applying for approval of a division into an incorporated cell company and one or more incorporated cells; org) an incorporated cell company authorised under the Act, but having no incorporated cells, that desires to apply for approval for a transformation to a protected cell company; or h) an incorporated cell company or an incorporated cell for approval for a transformation into a non-cellular company.Select: Choose an item |
| 4.3 | Registered Address | Enter text |
| 4.4 | Business Address | (only fill if different from the registered address)Enter text |
| 4.5 | Has the applicant been registered under the Companies Act, 1995?  | Select: Yes or NoIf yes, please provide the date of registration and the registration number:

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| Date of registration | DD / MM / YYYY |
| Registration Number | Enter text |

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| 4.6 | Date on which the applicant’s financial year will end | DD / MM |
| 4.7 | Will the applicant be having a local branch? | Select: Yes or No

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| Branch Manager Name | Enter text |
| Branch Manager Surname | Enter text |
| Branch Address | Enter text |

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| **5** | **Shareholders** |
| 5.1 | **Individual qualifying shareholders** |
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| 1. **Individual qualifying shareholder**
 |
| Name | Enter text | Surname | Enter text |
| ID Card Number | (mandatory if residing in Malta)Enter text | Passport Number | Enter text |
| Nationality | Enter text | MFSA Personal Questionnaire Code | (please see guidelines [HERE](https://www.mfsa.mt/firms/new-authorisation/personal-questionnaire/))Enter text |
| Percentage Ownership | Enter text |
| Issued Share Capital | Enter text |
| Form of voting rights | Enter text |
| Do you hold other regulated positions? | Choose an item | If yes, by which regulatory authority? | Enter text |
| *Another table may be added by clicking on the at the bottom right corner of the table* |

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| 5.2 | **Corporate qualifying shareholders** |
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| 1. **Corporate qualifying shareholder**
 |
| Entity Name | Enter text | Company Number | (if company is a local entity)Enter text |
| LEI Number | Enter text |
| Percentage Ownership | Enter text |
| Issued Share Capital | Enter text |
| Form of voting rights | Enter text |
| Is the owner, regulated? | Choose an item | If yes, by which regulatory authority? | Enter text |
| *Another table may be added by clicking on the at the bottom right corner of the table* |

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| **6** | **Business** |
| 6.1 |

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| Please indicate the **kind of business** to be carried on | **Select** |
| Business as captive re/insurance undertaking | Choose an item |
| Business of reinsurance solely and exclusively | Choose an item |
| Business of direct insurance solely and exclusively | Choose an item |
| Combined – business of direct insurance and reinsurance | Choose an item |
| Long term business in relation to commitments where Malta is the country of commitment | Choose an item |
| Long term business in relation to commitments where Malta is not the country of commitment | Choose an item |
| General business in relation to risks situated in Malta | Choose an item |
| General business in relation to risks situated outside Malta | Choose an item |

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| **7** | **Classes** |
| 7.1 | Please indicate the **classes** of long-term business and groups of classes of general business which the applicant proposes to carry on. Please select **I** for Business of Insurance, **R** for Business of Reinsurance and **C** Combined Business.

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| **Long Term Business Classes** | **Select** |
| I. Life and annuity | Choose an item |
| II. Marriage and birth | Choose an item |
| III. Linked long term | Choose an item |
| IV. Permanent health | Choose an item |
| V. Tontines | Choose an item |
| VI. Capital redemption | Choose an item |
| VII. Pension fund management | Choose an item |
| VIII. Collective insurance | Choose an item |
| IX. Social insurance | Choose an item |

Please choose **I** for Business of Insurance, **R** for Business of Reinsurance and **C** Combined Business.

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| **General business and** **Groups of Classes** | **Classes (I / R / C)** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** |
| 1.       Accident and health (classes 1 and 2) |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.       Motor(classes 1(d), 3, 7 and 10) |   |  |   |  |  |  |   |  |  |   |  |  |  |  |  |  |  |  |
| 3.       Marine and transport(classes 1(d), 4, 6, 7 and 12) |   |  |  |   |  |   |   |  |  |  |  |   |  |  |  |  |  |  |
| 4.       Aviation(classes 1(d), 5, 7 and 11) |   |  |  |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |
| 5.       Fire and other damage to property(classes 8 and 9) |  |  |  |  |  |  |  |   |   |  |  |  |  |  |  |  |  |  |
| 6.       Liability (classes 10, 11, 12 and 13) |  |  |  |  |  |  |  |  |  |   |   |   |   |  |  |  |  |  |
| 7.       Credit and suretyship(classes 14 and 15) |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |  |  |  |
| 8.       General (all classes) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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| **8** | **People and Governance** |
| 8.1 | **Directors** |
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| 1. **Director**
 |
| Name of Director | Enter text | Surname of Director | Enter text |
| ID Card Number | (mandatory if residing in Malta)Enter text | Passport Number | Enter text |
| MFSA Personal Questionnaire Code  | Enter text | Position that will be held | Enter text |
| Select which appropriate qualification, experience and knowledge you possess | Choose an item |
| Authorised Signatory? | Choose an item |
| *Another table may be added by clicking on the at the bottom right corner of the table* |

Please identify:

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| The Board Member responsible for the oversight of the insurance or reinsurance distribution activities of the undertaking | Enter text |
| The person within the management structure responsible for the distribution of insurance or reinsurance products | Enter text |
| The board member who will be overseeing the overall Risk Management System | Enter text |

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| 8.2 | **Compliance Officers**  |
|  | Name of Compliance Officer | Enter text | Surname of Compliance Officer | Enter text |
|  | ID Card Number | (mandatory if residing in Malta)Enter text | Passport Number | Enter text |
|  | MFSA Personal Questionnaire Code  | Enter text | Country of Residence | Enter text |
| 8.3 | **Money Laundering Reporting Officer (if applicable)** |
|  | Name of MLRO | Enter text | Surname of MLRO | Enter text |
|  | ID Card Number | (mandatory if residing in Malta)Enter text | Passport Number | Enter text |
|  | MFSA Personal Questionnaire Code  | Enter text | Country of Residence | Enter text |
| 8.4 | **Company Secretary** |
|  | Entity Name | Enter text | Company Number | Enter text |
|  | Name of Company Secretary | Enter text | Surname of Company Secretary | Enter text |
|  | ID Card Number | (mandatory if residing in Malta)Enter text | Passport Number | Enter text |
| 8.5 | **Appointed Actuary** |
|  | This is to be completed only when the applicant proposes to carry on long-term business in relation to with-profits business in terms of classes I and III as specified in Section 7.1. |
|  | Name of Appointed Actuary | Enter text | Surname of Appointed Actuary | Enter text |
|  | ID Card Number | (mandatory if residing in Malta)Enter text | Passport Number | Enter text |
|  | MFSA Personal Questionnaire Code | Enter text |
| 8.6 | **External Auditors** |
|  | Entity Name | Enter text | Company Number | Enter text |
| 8.7 | **Principal Bankers** |
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| 1. **Principal Banker**
 |
| Principal Banker | Enter text |
| Address | Enter text |
| *Another table may be added by clicking on the at the bottom right corner of the table* |

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| 8.8 | **Committees and their members** |
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| 1. **Committee**
 |
| Name of committee | Enter text |
| Committee members (excluding leader) |

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| **Member Name** | **Member Surname** |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |

*Further rows may be added by clicking on the at the bottom right corner of the table* |
| Leader name | Enter text |
| Leader surname | Enter text |
| MFSA Personal Questionnaire Code of Leader | Enter text |
| *Another table may be added by clicking on the at the bottom right corner of the table* |

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| **9** | **Key functions** |
| 9.1 | **In-house key function responsibilities (if applicable)** |
|  | If a key function is carried out in-house, please complete the following table:

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| --- | --- | --- | --- | --- | --- |
| **Solvency II Key Functions** | **Name** | **Surname** | **ID Card Number** | **Passport Number** | **MFSA Personal Questionnaire Code** |
| Choose an item | Enter text | Enter text | Enter text | Enter text | Enter text |

*Further rows may be added by clicking on the at the bottom right corner of the table* |
| 9.2 | **Outsourced key function responsibilities (if applicable)** |
|  | If a key function will be outsourced to a service provider, please complete the following table.

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| 1. **Service Provider**
 |
| Service Provider | Enter text |
| Company Number | Enter text |
| Key functions | Choose an item |
| **Who will carry out this oversight from the entity?** |
| Name | Enter text | Name | Enter text |
| MFSA Personal Questionnaire Code | Enter text |
| *Another table may be added by clicking on the at the bottom right corner of the table* |

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| **10** | **Location of risks** |
|  | Will the applicant company be writing risks situated in Malta? | Choose an item |
|  | Will the applicant company be exercising its passporting rights? | Choose an item |
|  | If yes, will the company be passporting under Freedom of Establishment (FOE) or Freedom of Services (FOS) or both? | Choose an item |
| **11** | **Other important details** |
| 11.1 | Have any of the parties connected with this application ever applied, either individually or in conjunction with others, for authority to transact insurance business in any other jurisdiction? If so, please give details. |
|  | Have parties connected with application ever applied? | Choose an item |
|  | Details | Enter text |
| 11.2 | Please confirm whether there had been a formal or informal request for an authorisation by the applicants’ shareholders or members with qualifying holdings, to establish an insurance or reinsurance undertaking in another Member State or third country, that had been rejected or withdrawn, together with the reasons as to the rejection or withdrawal of the submitted application. If yes, please give details. |
|  | Request | Choose an item |
|  | Details | Enter text |
| **12** | **Additional Information to be provided in case the applicant will be established as a Protected Cell Company or Incorporated Cell Company** |
| 12.1 | Please state why a protected / incorporated cell company is required and how the cells will be used/operated. |
|  | Enter text |
| 12.2 | Please advise whether the non-cellular section will be carrying on any insurance operations. |
|  | Enter text |
| **End of document** |