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| MALTA FINANCIAL SERVICES AUTHORITY | | | |  |
| **Fourth Schedule – Declaration Form** | | | |  |
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| **Declaration Form in relation to the application for an authorisation to carry on business of insurance under article 11 of the Insurance Business Act.** | | | | |
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| This declaration is to be completed and signed by either by a Director or a Shareholder who is going to be involved with the applicant company. | | | | |
| **Declaration** | | | | | | |
| The particulars provided in the application details and the documents produced with the application of Name of applicant company 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 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. | | | | | | |
| Full Name: | | Enter text | Position: | Enter text | | |
| Signature: | |  | Date: | Enter text | | |