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| MALTA FINANCIAL SERVICES AUTHORITY |  |
| **Second Schedule – The Application Form** |  |
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| **Application for the authorisation of a cell in terms of regulation 8 Companies Act (Cell Companies Carrying on Business of Insurance) Regulations and regulation 8 Companies Act (Incorporated Cell Companies Carrying on Business of Insurance) Regulations** |
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| This application form is to be completed when applying for:a) a Protected Cell Company authorised under the Act desirous of applying for the authorisation of a protected cell; or b) an incorporated cell company authorised under the Act desirous of applying for authorisation as an incorporated cell; orc) the transformation of a non-cellular company into an incorporated cell. |

| **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 | Honorifics | 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 |
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| **2** | **Core Details** |
| 2.1 | Prospective Company Name | (this will appear on the authorisation certificate, if granted)Enter text |
| 2.2 | This application is being submitted by | a) an authorised Protected Cell Company to create a cell; or b) an authorised Incorporated Cell Company to create an incorporated cell; orc) to transform a non-cellular company into an incorporated cellSelect: Choose an item |
| 2.3 | Registered Address | Enter text |
| 2.4 | Business Address | (only fill if different from the registered address)Enter text |
| 2.5 | 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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| 2.6 | Date on which the applicant’s financial year will end | DD / MM |
| 2.7 | 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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| **3** | **Shareholders** |
| 3.1.1 | **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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| 3.1.2 | **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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| **4** | **Cell Capital** |
| 4.1 | Amount of the cell share capital | Enter text |
| 4.2 | Origin of the cell share capital | Enter text |
| 4.3 | Details of the cell share capital | Enter text |
| 4.4 | Assets of the cell company attributable to the cell | Enter text |
| 4.5 | Will the cell be having right of recourse to the core? | Enter text |
| **5** | **Business** |
| 5.1 |

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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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| **6** | **Classes** |
| 6.1 | 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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| **7** | **People and Governance** |
| 7.1 | **Cell Advisors** |
|  | Protected Cells cannot have Directors, but it is possible that persons may be advising in some capacity on individual cells.

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| 1. **Cell Advisor**
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| Name of Cell Advisor | Enter text | Surname of Cell Advisor | Enter text |
| ID Card Number | (mandatory if residing in Malta)Enter text | Passport Number | Enter text |
| MFSA Personal Questionnaire Code  | Enter text |
| *Further rows may be added by clicking on the at the bottom right corner of the table* |

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| 7.2 | **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 6.1. |
| 7.2.1 | Name of Appointed Actuary | Enter text | 7.2.2 | Surname of Appointed Actuary | Enter text |
| 7.2.3 | ID Card Number | (mandatory if residing in Malta)Enter text | 7.2.4 | Passport Number | Enter text |
| 7.2.5 | MFSA Personal Questionnaire Code | Enter text |
| **8** | **Location of risks** |
|  | Will the cell be writing risks situated in Malta? | Choose an item |
|  | Will the cell be exercising its passporting rights? | Choose an item |
|  | If yes, will the PCC be passporting under Freedom of Establishment (FOE) or Freedom of Services (FOS) or both? | Choose an item |
| **9** | **Other important details** |
| 9.1 | 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 |
| 9.2 | 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 activities 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 and identify the competent authority with whom the application was placed. If yes, please give details. |
|  | Request | Choose an item |
|  | Details | Enter text |
| **10** | **Additional Information to be provided in case the applicant will be established as a Protected Cell Company or Incorporated Cell Company** |
| 10.1 | State any connection between the protected cell (including directors and officers of the cell user) and any person or organization remunerated directly or indirectly (e.g. insurance brokers, etc) by the cell |
|  | Enter text |
| 10.2 | Details of the protected cell bankers and the signatories to the cell’s bank mandate. Please outline the signing details |
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| 1. **Principal Banker**
 |
| Principal Banker | Enter text |
| Address | Enter text |
| Signatories to the cell’s bank mandate | Enter text |
| Signing details | Enter text |
| *Another table may be added by clicking on the at the bottom right corner of the table* |

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