|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MALTA FINANCIAL SERVICES AUTHORITY | | | |  |
| **Third Schedule – Declaration Form** | | | |  |
|  | | | |  |
| **Declaration Form in relation to the application for the inclusion, in the authorisation, of new classes of business of insurance in terms of article 8(2) of the Insurance Business Act** | | | | |
|  | | | | |
| This declaration is to be completed and signed by either by a Director or a Shareholder of the licence holder. | | | | |
| **Declaration** | | | | | | |
| The particulars provided in the application details for an extension of authorisation in classes Enter classes of Name of licence holder and the documents produced 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 persons 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 | | |