

## MALTA FINANCIAL SERVICES AUTHORITY

### **Seventh Schedule – Application by an Insurance Broker enrolled under the Act for the enrolment of persons in the Ancillary Insurance Intermediaries List**

#### **Application by an Insurance Broker enrolled under the Act for the enrolment of persons in the Ancillary Insurance Intermediaries List**

This document includes the Application by an Insurance Broker enrolled under the Act for the enrolment of persons in the Ancillary Insurance Intermediaries List

### **SEVENTH SCHEDULE** *(Paragraph 2.3.6 of Chapter 2)*

#### **Application by an Insurance Broker enrolled under the Act for the enrolment of persons in the Ancillary Insurance Intermediaries List**

I hereby apply for enrolment in the Ancillary Insurance Intermediaries List under article 43E of the Insurance Distribution Act, of the person whose particulars are given hereunder registered in the Ancillary Insurance Intermediaries Company Register of the company under the said article.

An application for enrolment fee in accordance with Insurance Distribution (Fees) Regulations made under the Act is made by cheque No. \_\_\_\_\_, enclosed, payable to the Malta Financial Services Authority.

Particulars of the person relevant to this application are provided herein.

## Part I

*(This part of the application should be completed where the person is an individual)*

### A: Personal details

A1. Title: \_\_\_\_\_  
Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
Surname: \_\_\_\_\_

A2. Principal Professional Activity: \_\_\_\_\_

A3. Identification Type: \_\_\_\_\_  
Identity Card Number: \_\_\_\_\_  
Passport Number: \_\_\_\_\_

A4. Date of Birth: \_\_\_\_\_  
*Day/Month/Year*

A5. Nationality: \_\_\_\_\_

A6. Residential Address: \_\_\_\_\_  
\_\_\_\_\_

A7. Personal Telephone Number: \_\_\_\_\_

A8. Personal Mobile Number: \_\_\_\_\_

A9. Personal Email Address: \_\_\_\_\_

A10. Address of place/s of business, including postcode, from where the ancillary insurance intermediaries' activities are to be carried out:

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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## Part II

*(This part of the application should be completed where the person is not an individual)*

### B: Company details

B1. Name of company: \_\_\_\_\_

Date of Registration under the  
Companies Act (Cap. 386), if  
applicable:

\_\_\_\_\_

Registration Number:

\_\_\_\_\_

Address of Registered Office:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B2. Business Telephone Number/s: \_\_\_\_\_

B3. Business Mobile Number: \_\_\_\_\_

B4. Business email address/es: \_\_\_\_\_

B5. Address of place/s of business,  
including postcode from where  
ancillary insurance  
intermediaries' activities are to be  
carried out:

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

\_\_\_\_\_

\_\_\_\_\_

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

B6. Business Telephone Number: \_\_\_\_\_

Business Mobile Number: \_\_\_\_\_

Business email address: \_\_\_\_\_

**Where ancillary insurance intermediaries' activities are to be carried out from more than one place of business:**

B7. Branch Address: \_\_\_\_\_  
\_\_\_\_\_

B8. Branch Telephone Number: \_\_\_\_\_

B9. Branch Mobile Number: \_\_\_\_\_

B10. Branch Email Address: \_\_\_\_\_

**C. Full name of individual/s satisfying the requirements of article 43E of the Act.**

C1. Surname: \_\_\_\_\_

C2. Forename/s: \_\_\_\_\_

C3. Title: \_\_\_\_\_

C4. Date of Birth: \_\_\_\_\_

*Day/Month/Year*

C5. Nationality: \_\_\_\_\_

C6. Identity Card Number: \_\_\_\_\_

**Where ancillary insurance intermediaries' activities are to be carried out from more than one place of business, the body corporate/organisation shall have, in each such place of business, presence of an individual satisfying those requirements. (attach a list of such individuals giving, in respect of each individual, particulars set out in C).**

**D: Qualifying shareholders and percentage sizes of holdings or voting rights**

D1. Individual Shareholders:

Name: (1) \_\_\_\_\_

Identity Card / Passport Number: \_\_\_\_\_

*Note 1*

Address including Postcode: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Proportion and Form of Voting  
Rights / Share Capital Held:

\_\_\_\_\_

Name: (2) \_\_\_\_\_

Identity Card / Passport Number: \_\_\_\_\_

*Note 1*

Address including Postcode:

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Proportion and Form of Voting  
Rights / Share Capital Held:

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D2. Body Corporate Shareholders:

Name:

(1) 

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Registration Number:

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Address of Registered Office  
including Postcode:

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Proportion and Form of Voting  
Rights / Share Capital Held:

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Name:

(2) 

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Registration Number:

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Address of Registered Office  
including Postcode:

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Proportion and Form of Voting  
Rights / Share Capital Held:

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## Part III

*This part of the application should be completed by all applicants (natural and legal persons)*

### **E. Connected Persons (please tick the appropriate box, where applicable)**

E1. An applicant is connected with an undertaking authorised under the Insurance Business Act (Cap. 403) to carry on business of insurance (the "insurance undertaking") if:

- (a) the applicant holds a direct or indirect shareholding representing more than 10% of the voting rights or of the capital in the insurance undertaking; ☐
- (b) the insurance undertaking or parent undertaking of a given insurance undertaking has a holding, direct or indirect, representing more than 10% of the voting rights or of the capital in the applicant. ☐

### **F: Insurance broker enrolled under the Act applying for enrolment of a person in the Ancillary Insurance Intermediaries List**

F1. Name of insurance broker enrolled under the Act for which the applicant will be carrying out Ancillary insurance intermediary activities:

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### **G: Close links**

G1. Please provide details of the identities of any persons who have close links with the applicant:

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**H: Ancillary insurance intermediaries activities relating to the insurance products to be sold by the ancillary insurance intermediary through the insurance broker**

H1. Please provide us with details of the insurance product to be sold by the ancillary insurance intermediary including the classes under which insurance product falls.

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**Declaration:**

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 confirm that each individual who is to carry out the Ancillary insurance intermediaries' activities:

- is a person resident in Malta;
- is over the age of 18 years;
- holds a clean police conduct certificate;
- possesses secondary school level of education;
- has successfully completed a course for ancillary insurance intermediaries pursuant to the requirements of Section 6.4 of Chapter 6 on Knowledge and Ability; and
- is a fit and proper person.

**I further confirm that the applicant is:** *(please tick the appropriate box)*

Authorised to collect and hold monies in relation to policies of insurance

☐

Not authorised to collect and hold monies in relation to policies of insurance

☐

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.

Name of enrolled insurance broker (in block capitals): \_\_\_\_\_

Name of person signing on behalf of the enrolled insurance broker: \_\_\_\_\_

Position Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Documentation:

Please provide the following documentation:

1. Where the Ancillary insurance intermediary is not an individual, Memorandum and Articles of Association or Deed of Incorporation is to be submitted in draft form and should include the following clause *"to act as an Ancillary insurance intermediary under the Insurance Distribution Act."*
2. Evidence that the person in respect of who/which the application is being submitted has successfully completed a course for ancillary insurance intermediaries pursuant to the requirements of Section 6.4 of Chapter 6 on Knowledge and Ability.
3. The previous original certificate of enrolment where the applicant is enrolled in the Ancillary Insurance Intermediaries List to carry out Ancillary insurance intermediaries activities for or on behalf of another company concerned in the same classes of business to which this application relates.