

Insurance Agent Licence (Individual)

Application Form



FINANCIAL SERVICES AUTHORITY

Bois De Rose Avenue
P.O. Box 991
Victoria
Mahé
Republic of Seychelles

Tel: +248 4380800
Fax: +248 4380888
Website: www.fsaseychelles.sc
Email: enquiries@fsaseychelles.sc

Insurance Agent - Application Form

Instructions for completing the application form

- Applicants are advised to refer to the Insurance Act when completing the application form.
- No question should be left unanswered. Where the Applicant believes that a question does not apply, the Applicant should write “**Not Applicable**” or “**N/A**”.
- Answers to ALL questions should be TYPED or written in INK and in BLOCK LETTERS.
- If space is insufficient to provide details, please attach annexure, and the annexure should be identified as such and signed by the signatory to this application.
- If there are any changes in the information furnished in the application prior to the completion of the review of this application, the Financial Services Authority (hereinafter referred to as the “FSA”) should be notified immediately.
- This application must be accompanied by :
 - a) the prescribed fee payable by banker’s cheque;
 - b) Personal Questionnaire (in the prescribed form);
 - c) a copy of the (agency) agreement between the applicant and the insurer;
 - d) a business plan containing the information set out in Annex 1.
- This application must be channeled through the insurer.
- The completed application form and other required documents, should submitted to:

The Chief Executive Officer
Financial Services Authority
P.O BOX 991
Bois De Rose, Mahé
Republic of Seychelles
- Please ensure that all answers and information submitted to the Authority in respect of the application are true and correct. Failure to do so can lead the Authority to rejecting an application or revoking a licence that has been granted on the basis of untrue or incorrect information.

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Section 1: Details of Applicant

1. Applicant

Name	
Business Address	
Registered Office	
Telephone	
Fax	
Email	

2. Type of Insurance Business

(Tick as appropriate)

General Insurance Business	<input type="checkbox"/>
Long Term Insurance Business	<input type="checkbox"/>

3. Please indicate class of insurance business

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4. Provide details of the applicant's professional indemnity insurance policy and supply a certified copy thereof.

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5. Bank(s), where accounts(s) shall be opened for the keeping of premiums received

	Bank 1	Bank 2
Name		
Business Address		
Telephone		
Fax		
Email		

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DECLARATION

I hereby declare that to the best of my knowledge the particulars stated herein are accurate.

Name of Insurer:

Date:

Signature:

Witness:

Date:

Signature:

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Annex 1

Content of Business Plan

Below is a list indicative of the information which should be included in the business plan accompanying this application and submitted to FSA. Please insert a page reference within your proposal to each information item listed below.

A. Business Objectives	<input type="checkbox"/>
B. Proposed premises and layout	<input type="checkbox"/>
C. Marketing	
Marketing strategy (customer-based, conference attending, etc...)	<input type="checkbox"/>
Why do you believe your services will attract clients?	<input type="checkbox"/>
Other relevant information in support of your marketing strategy	<input type="checkbox"/>
D. Any other relevant information	<input type="checkbox"/>
E. Due Diligence/KYC Procedures	
The procedures must be in line with the requirements of the Anti-Money Laundering Act, 2006	<input type="checkbox"/>