

Insurance Manager Licence (Company)

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 Manager - 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) certified true copies of the constitutional documents of the applicant;
 - c) Personal Questionnaire (in the prescribed form) completed by each director, substantial shareholder and principal officer of the applicant company
 - d) a copy of the (agency) agreement between the applicant and the insurer;
 - e) a business plan containing the information set out in Annex 1.
- This application must be channeled through the insurer.
- Categories of Acceptable Certifiers:
 - a) A judge
 - b) A magistrate
 - c) A notary public
 - d) A barrister-at-law
 - e) A solicitor
 - f) An attorney-at-law
 - g) A Commissioner of Oaths
- 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

Name	
Business Address	
Registered Office	
Telephone	
Fax	
Email	

Section 2: Operations of Applicant

1. Financial Information

Authorized capital	
Issued and paid-up capital (provide certified evidence)	

Source of funding	Details	Amount
Shareholder Equity		
Shareholder or Intergroup Loan		
Third party Loan		

Date of the end of the financial year	
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2. Shareholders of the Applicant

	Shareholder 1	Shareholder 2
Name		
Business Address		
Telephone		
Fax		
Email		

3. Beneficial owners of the Applicant

	Beneficial Owner 1	Beneficial Owner 2
Name		
Business Address		
Telephone		
Fax		
Email		

4. Type of insurance Business

(Tick as appropriate)

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

5. Please indicate class of insurance business

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6. Proposed business of the Applicant

(provide proof that the applicant's object(s) are limited to the business stated in this application)

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7. Directors and senior officers of the applicant

	Director 1	Director 2
Name		
Business Address		
Telephone		
Fax		
Email		

8. Secretary of the Applicant

Name	
Business Address	
Email Address	
Telephone No.	
Fax No.	

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9. Provide details of the Applicant's Professional Indemnity Insurance policy and supply a certified copy of the policy

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10. Bank(s) where account(s) shall be opened for the keeping of premiums received

Name	
Address	
Email Address	
Telephone No.	
Fax No.	

11. Due Diligence / KYC Procedures

a) Provide proof satisfactory that due diligence/KYC procedures have been established in compliance with the requirement of the Anti-Money Laundering Act, 2006?

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b) Do the procedures provide for a Compliance and Reporting Officer?

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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"/>