

Insurance Sub Agent (Registration)

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) completed by each director, substantial shareholder and principal officer of the applicant company
 - c) a copy of the (agency) agreement between the applicant and the insurer;
- 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

| | |
|-------------------|--|
| Name | |
| Business Address | |
| Registered Office | |
| Telephone | |
| Fax | |
| Email | |

Section 2: Details of Proposed Insurance Sub Agent

| | |
|------------------|--|
| Name | |
| Business Address | |
| Telephone | |
| Fax | |
| Email | |

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Section 3: Category and Class of Insurance Business

| | |
|--|--------------------------|
| A. Long Term Insurance Business | |
| Life insurance business | <input type="checkbox"/> |
| Pension business | <input type="checkbox"/> |
| Permanent health insurance business | <input type="checkbox"/> |
| Linked long term insurance business | <input type="checkbox"/> |
| B. General insurance business | |
| Accident and health policy | <input type="checkbox"/> |
| Engineering policy | <input type="checkbox"/> |
| Guarantee policy | <input type="checkbox"/> |
| Liability policy | <input type="checkbox"/> |
| Motor policy | <input type="checkbox"/> |
| Property policy | <input type="checkbox"/> |
| Marine, Aviation, Inland Transit and Goods-in-transit policies | <input type="checkbox"/> |
| Miscellaneous policy | <input type="checkbox"/> |

DECLARATION

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

Name of Applicant:

Date:

Signature:

Witness:

Date:

Signature: