

**DECLARATION BY INSURER**

*To be completed by the licensed insurer*

*Please Print*

Proposed Principal Officer's Name \_\_\_\_\_ is hereby appointed,  
to act as a \_\_\_\_\_, subject to the approval of the Central Bank.

We certify that the qualifications, expertise, experience and the financial records of the proposed person have been investigated and that he/she is a trustworthy and competent person to be appointed as a Principal Officer.

To the best of our knowledge, information and belief, all statements and answers contained in the foregoing application are true and correct.

We also undertake to notify the Central Bank of Seychelles of any material change in information/documents submitted with respect to the above.

It is understood, if and when this Principal Officer ceases to act as a \_\_\_\_\_ for the insurer named herein, written notice will be given to the Central Bank of Seychelles, within fourteen (14) days of termination including the reason for the termination.

Name of insurer:

\_\_\_\_\_

Name of Authorised Representative:

\_\_\_\_\_

Signature of Authorised Representative \_\_\_\_\_

Capacity of signatory \_\_\_\_\_

Date \_\_\_\_\_