



CENTRAL BANK OF SEYCHELLES

INSURANCE ACT, 2008

**APPLICATION FORM
FOR**

**INSURANCE SUB AGENT
(Registration)**

(Pursuant to Section 75(4) of the Insurance Act, 2008)

NAME OF APPLICANT (INSURER OR INSURANCE AGENT)

FOR OFFICIAL USE

Applicants Should Not Write in This Box

Date of Application:

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Date of Receipt:

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Date of Approval:

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Notes:

- (1) Applicants are advised to refer to the Insurance Act 2008 when completing the application form.
- (2) 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**”.
- (3) Answers to ALL questions should be TYPED or written in INK and in BLOCK LETTERS.
- (4) If there are any changes in the information furnished in the application prior to the completion of the review of this application, the Central Bank should be notified immediately.
- (5) This application must be accompanied by:
 - (i) the prescribed fee payable by banker’s cheque;
 - (ii) a Personal Questionnaire completed by the proposed sub agent;
 - (iii) a copy of the (agency) agreement between the applicant and the proposed sub agent;
- (6) This application must be channeled through the applicant.
- (7) The completed application form and any supporting material should be submitted to:

**Insurance Supervision Section
Financial Services Supervision Division
Central Bank of Seychelles
P.O. Box 701, Victoria
Mahe, Seychelles**

1. DETAILS OF APPLICANT

Name of Insurer/Insurance Agent	
Business Address	
E-mail address	
Telephone number	Fax number

2. DETAILS OF PROPOSED INSURANCE SUB AGENT

Name	
Place of Business	
E-mail address	
Telephone number	Fax number

DECLARATION BY PROPOSED SUB AGENT

I hereby declare that the particulars contained herein are true and correct in every detail and fully disclose the information required to complete this application.

Signed: _____

Name: _____

Date: _____

DECLARATION BY INSURER

To be completed by the licensed insurer or licensed insurance agent

Please Print

Proposed Sub Agent's Name _____

is hereby appointed, to act as an insurance sub agent, subject to the approval of the Central Bank.

We certify that the information furnished in the application and additional submission, as required in Annex hereto, is complete and correct to the best of our knowledge and belief.

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 sub agent ceases to represent the insurer or insurance agent 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 or insurance agent:

Name of Authorised Representative:

Signature of Authorised Representative _____

Capacity of signatory _____

Date _____