



CENTRAL BANK OF SEYCHELLES

INSURANCE ACT, 2008

APPLICATION FOR

AN INSURANCE AGENT LICENCE (INDIVIDUAL)

(Pursuant to Section 67(3) of the Insurance Act, 2008)

NAME OF APPLICANT

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 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 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.
- (5) 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.
- (6) This application must be accompanied by :
 - (i) the prescribed fee payable by banker’s cheque;
 - (ii) a Personal Questionnaire (in the prescribed form);
 - (iii) a copy of the (agency) agreement between the applicant and the insurer;
 - (iv) a business plan containing the information set out in Annex 1;
- (7) This application must be channeled through the insurer.
- (8) 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**

PART I: DETAILS OF APPLICANT

1. Name and Contact Details of Applicant

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

2. Type of Insurance Business

(Tick as appropriate)

General Insurance Business	
Long Term Insurance Business	

3. Please indicate class of insurance business.

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

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

Name	
Address	
Telephone No.	
Fax No.	
E-mail address	

PART II: DECLARATIONS

DECLARATION BY APPLICANT

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.

Dated this _____ day of _____

Signature _____

Name: _____

DECLARATION BY INSURER

_____ is hereby approved to act as an insurance agent.

I certify that the qualifications/expertise/experience and the financial records of the applicant have been investigated and that the applicant is a trustworthy and competent person to be licensed as an insurance agent.

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

It is understood, if and when this insurance agent ceases to represent us, 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: _____

Signature _____
(by managing director or chief executive officer for and on behalf of the insurer)

Name: _____

Position held: _____

Dated this _____ day of _____

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 CBS. Please insert a page reference within your proposal corresponding to each information item listed below.

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