



**CENTRAL BANK OF SEYCHELLES**

**INSURANCE ACT, 2008**

**APPLICATION FOR**

**AN INSURANCE MANAGER LICENCE (COMPANY)**

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

NAME OF APPLICANT

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**FOR OFFICIAL USE**

Applicants Should Not Write In This Box

Date of Application:

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Date of Receipt:

				2	0		
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Date of Approval:

				2	0		
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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) in the case of a company, certified true copies of the constitutional documents of the applicant;
  - (iii) Personal Questionnaire (in the prescribed form) completed by each director, substantial shareholder and principal officer of the applicant company
  - (iv) a copy of the (agency) agreement between the applicant and the insurer;
  - (v) a business plan containing the information set out in Annex 1.
- (7) Categories of Acceptable Certifiers:
  - A judge
  - A magistrate
  - A notary public
  - A barrister-at-law
  - A solicitor
  - An attorney-at-law
  - A Commissioner of Oaths

The Acceptable Certifier should be independent from the applicant;

- (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**

Name	
Type of Insurance Business (General Business or Long Term Business)	
Business Address	
Registered Office	
E-mail address	
Fax number	Telephone number

## PART II: OPERATIONS OF APPLICANT

### 1. Financial Information

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

Source of Funding	Details	Amount
Shareholder Equity		
Shareholder or Inter-group Loan		
Third party Loan		

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

First Shareholder	
Name	
Address	
Nationality	
Number and % of shares held	
Date of acquisition	

Second Shareholder	
Name	
Address	
Nationality	
Number and % of shares held	
Date of Acquisition	

<b>Third Shareholder (if applicable)</b>	
Name	
Address	
Nationality	
Number and % of shares held	
Date of Acquisition	

3. Beneficial owners of the Applicant

<b>First beneficial owner</b>	
Name	
Address	
Nationality	
% of ownership	

<b>Second beneficial owner (if applicable)</b>	
Name	
Address	
Nationality	
Number and % of shares held	

<b>Third beneficial owner (if applicable)</b>	
Name	
Address	
Nationality	
% of ownership	

**4. Type of Insurance Business***(Tick as appropriate)*

General Insurance Business	
Long Term Insurance Business	

5. Please indicate class of insurance business.

6. Please attach a statement of the applicant's proposed business and provide proof that the applicant's object(s) are limited to the business stated in this application.

7. List the names, nationalities and addresses of the directors and senior officers of the applicant.

Name		
Position		
Nationality		
Business Address		
Email Address		
Telephone No.		Fax No.

Name		
Position		
Nationality		
Business Address		
Email Address		
Telephone No.		Fax No.

Name		
Position		
Nationality		
Business Address		
Email Address		
Telephone No.		Fax No.

8. Provide the name and address of the Secretary.

Name		
Business Address		
Email Address		
Telephone No.		Fax No.

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

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

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

**11. Due Diligence/KYC Procedures**

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

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

## DECLARATION

I/We 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 \_\_\_\_\_  
(by director or other duly authorised person  
for and on behalf of the applicant)

Name: \_\_\_\_\_

Position held: \_\_\_\_\_

### 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 to each information item listed below.

<b>A. Business Objectives</b>	<input type="checkbox"/>
<b>B. Proposed premises and layout</b>	<input type="checkbox"/>
<b>C. Marketing</b>	
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"/>
<b>D. Human resources (if applicable)</b>	
Organisational chart	<input type="checkbox"/>
Job Descriptions	<input type="checkbox"/>
Training Requirements	<input type="checkbox"/>
<b>F. Projected Revenues and Operating Cost</b>	
Three year financial forecast or cash flow statements	<input type="checkbox"/>
<b>F. Financial Accounts (if applicable)</b>	<input type="checkbox"/>
Three year audited financial statement of existing company for the past three (3) years	<input type="checkbox"/>
<b>G. Due Diligence/KYC Procedures</b>	<input type="checkbox"/>
Minimum standard to be at least in line with the revised 40 recommendations of the FATF on Money Laundering	
<b>H. Internal Control Systems</b>	<input type="checkbox"/>