



CENTRAL BANK OF SEYCHELLES

INSURANCE ACT, 2008

APPLICATION FOR REGISTRATION OF

INSURANCE SUB AGENT

(Pursuant to Section 75(4) 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 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 insurer.
- (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

_____ is hereby approved to act as an insurance sub agent.

_____ certifies that the qualifications, expertise, experience and the financial records of the sub agent have been investigated and that he/she is a trustworthy and competent person to be registered as an insurance sub 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 sub agent ceases to represent _____, written notice will be given to the Central Bank of Seychelles, within fourteen (14) days of termination including the reason for the termination.

Dated this _____ day of _____

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

Name: _____

Position held: _____