

Insurance Sub Agent (Registration)

Application Form



FINANCIAL SERVICES AUTHORITY

Bois De Rose Avenue
P.O. Box 991
Victoria
Mahé
Republic of Seychelles

Tel: +248 4380800
Fax: +248 4380888
Website: www.fsaseychelles.sc
Email: enquiries@fsaseychelles.sc

Version: 27th September 2022

Insurance sub agent - Application Form

Instructions for completing the application form

- Applicants are advised to refer to the **Insurance Act, 2008** when completing the application form.
- The form should be completed in English and the answers to **ALL** questions should be **TYPED** or written in **INK** and in **BLOCK LETTERS**. Any documents submitted in any other languages are required to have certified English translation appended.
- 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**".
- If there is insufficient space to answer a question, additional information may be provided on an attachment page and identify the continuation of an answer by stating the question number.
- Please ensure that full particulars requested are properly numbered and is relevant to the question asked.
- The declaration on this form must be signed by a director or other duly authorised person.
- The Authority requires that forms are completed in its entirety. The Authority shall return forms that are incomplete or does not disclose full information and as such, this may result in delays.
- If there are any changes in the information furnished in the application prior to the completion of the review of this application, the Authority should be notified immediately.
- This application must be accompanied by the documents specified in the attached Checklist
- Categories of Acceptable Certifiers:
 - a) A judge
 - b) A magistrate
 - c) A notary public
 - d) A barrister-at-law
 - e) A solicitor
 - f) An attorney-at-law
 - g) A Commissioner of Oaths
- This application must be channeled through an Insurer, Insurance Agent or Insurance Broker
- The completed application form and other required documents, should be submitted to;

The Chief Executive Officer
Financial Services Authority
P.O BOX 991
Bois De Rose Avenue
Victoria
Mahé
Seychelles
Attn: Insurance and Pension Supervision Section

NOTE: Failure to disclose and submit all necessary information may lead to the Authority rejecting the application

Insurance sub agent - Application Form

Section One: Details of Applicant

1. Name of the Applicant

--

2. Details of Registered Office

Address	
Telephone No.	
Fax No.	
Email	

3. Details of the proposed Insurance Sub-Agent

Name	
Address	
Telephone No.	
Fax No.	
Email	

Insurance sub agent - Application Form

Section Two: Operation of Applicant

1. Category and Class of Insurance Business

(Tick as appropriate)

A. Long Term Insurance Business	
Life insurance business	
Pension business	
Permanent health insurance business	
Linked long term insurance business	
B. General insurance business	
Accident and health policy	
Engineering policy	
Guarantee policy	
Liability policy	
Motor policy	
Property policy	
Marine, Aviation, Inland Transit and Goods-in-transit policies	
Miscellaneous policy	

Insurance sub agent - Application Form

DECLARATION

I hereby declare that to the best of my knowledge, information and belief the information provided above and in the accompanying documents is true and correct

Name of the Applicant: _____

Date: _____ Authorized Signature: _____

Witness: _____

Date: _____ Signature: _____

Insurance sub agent - Application Form

Checklist

1. All blank spaces in the Application Form has been filled in	
2. Payment of the application fee (i.e. SCR 625)	
3. Completed Personal Questionnaire Form (in the prescribed form)	
4. A copy of an (agency) agreement between the applicant (Insurer, Insurance agent or Insurance broker) and the proposed Insurance sub agent	