

Principal Insurance Representative

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

Principal Insurance Representative - Application Form

Instructions for completing the application form

- Applicants are advised to refer to the Insurance Act when completing the application form.
- 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**”.
- Answers to ALL questions should be TYPED or written in INK and in BLOCK LETTERS.
- 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.
- If there are any changes in the information furnished in the application prior to the completion of the review of this application, the Financial Services Authority (hereinafter referred to as the “FSA”) should be notified immediately.
- This application must be accompanied by :
 - a) the prescribed fee payable by either (a) swift transfer or (b) banker’s cheque;
 - b) information or documents establishing the fact that the proposed representative is fit and proper;
 - c) a copy of the (agency) agreement between the applicant and the proposed principal insurance representative;
- This application must be channeled through the insurer.
- 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
- The completed application form and other required documents, should submitted to:

The Chief Executive Officer
Financial Services Authority
P.O BOX 991
Bois De Rose, Mahé
Republic of Seychelles
- Please ensure that all answers and information submitted to the Authority in respect of the application are true and correct. Failure to do so can lead the Authority to rejecting an application or revoking a licence that has been granted on the basis of untrue or incorrect information.

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Section 1: Details of Applicant

Name of Insurer	
Business Address	
Telephone	
Fax	
Email	

Section 2: Details of Proposed Principal Insurance Representative

Name of Proposed Principal Insurance Representative	
Business Address	
Registered Office (if applicable)	
Telephone	
Fax	
Email	

Principal Insurance Representative - Application Form

Section 3: Details of the Shareholders of Proposed Representative

	Shareholder 1	Shareholder 2
Name		
Business Address		
Telephone		
Fax		
Email		

Please attach a statement of the representative's proposed business.

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Section 4: Details of Directors and senior officers of the applicant

	Director 1	Director 2
Name		
Business Address		
Telephone		
Fax		
Email		

Principal Insurance Representative - Application Form

Secretary of the Applicant (if applicable)

Name	
Business Address	
Email Address	
Telephone No.	
Fax No.	

DECLARATION

I hereby declare that to the best of my knowledge the particulars stated herein are accurate.

Name of insurer:

Date:

Signature:

Witness:

Date:

Signature:

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Checklist

1. All blank spaces in the Application Form has been filled in	
2. Payment of the application fee (i.e. USD 1500)	
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 principal insurance representative	
5. The letter of appointment of the PIR	
6. The Board Resolution of the appointment of the PIR	