



# TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

THE INSURANCE ORDINANCE 1989 (CAP. 16.06)  
THE INSURANCE REGULATIONS 1990 (CAP. 16.06)

## APPLICATION FOR CHANGES OF SHAREHOLDERS, DIRECTORS AND OFFICERS

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION AS FULLY AS POSSIBLE, GIVING REASONS FOR NON-COMPLIANCE IF ANY, AND ATTACHING APPENDICES WHERE APPROPRIATE.

THE GREY SHADED AREAS ARE RESERVED FOR FSC USE. WHERE REQUIRED, BIOGRAPHICAL AFFIDAVITS SHOULD BE ATTACHED.

**NB: The complete form accompanied by all documentation and the application fee must be submitted to the Commission.**

1 Full Name of Company :

\_\_\_\_\_

2 **TRANSFER OF SHARES:** (Where the Beneficial Owner of any share(s) is an entity other than a natural person, the name, and address of the natural person(s) who will ultimately own the shares must be supplied).

	Outgoing Shareholder(s)	Incoming Shareholder(s)	
	Name	Name	Residential Address
	Number of Shares	Date of Birth	
(a)			
(b)			
(c)			
(d)			



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**3 CHANGE OF DIRECTOR(S):**

	Outgoing Director(s)	Incoming Director(s)	
	Name	Name	Address
		Date of Birth	
(a)			
(b)			
(c)			
(d)			

**4. CHANGE OF OFFICER(S):**

	Outgoing Officer(s)	Incoming Officer(s)	
	Name	Name	Address
	Position	Date of Birth	
(a)			
(b)			
(c)			
(d)			

**5. Please attach an updated Schedule of the Shareholders, Directors and Officers of the company.**

**6. Please state any special circumstances or peculiarities of which the Licensing Committee should be aware. (Attach separate sheet if necessary.)**



# TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

\_\_\_\_\_  
Administrator/ CEO/ Company Secretary

\_\_\_\_\_  
Date

[This Form must be notarized (or executed under the company's Official Seal) on completion]

## FOR FSC USE

Results of Due Diligence Check:

Satisfactory

Clarification

Not Acceptable

### **Decision:**

Basic Information Required not received

Additional Information/Submissions required for proper assessment (state below)

Approval Recommended

Approval not Recommended (see details attached)

**Checked:**

**Head of Insurance:**

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1.