



TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

THE INSURANCE ORDINANCE 1989
THE INSURANCE REGULATIONS 1990

FORM 6: APPLICATION FOR AN INSURANCE MANAGER'S LICENCE

[Section 4 (1) (d)]

["Insurer" – a person carrying on Insurance Business, including an Association of individual underwriters including Lloyd's of London and other associations of underwriters recognised by the Financial Services Commission and which comply with such laws enacted in their principal place of residence for their regulation and supervision.]

[Section 2]

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

1. Name of Applicant _____
2. Date on which applicant commenced or intends to commence, carrying on business in or from within the Islands, and with which Principal Company.
3. Address of main or registered office in the Islands.
4. Incorporated a) Attach evidence of proper incorporation pursuant to Section 26 of the Companies Ordinance 1981 and a copy of the Memorandum of Association and Article Association or other instrument of constitution of the applicant as may be appropriate; or if not yet incorporated the proposed documentation.
 - b) List all names (including any previous names), addresses and nationalities of all shareholders. In these instances where shares are held by a corporate body or bodies the chain of connection to the ultimate owner must be shown.
 - c) Attach curricula vitae of all Directors, Managers and Officers
5. If not incorporated, names, addresses, nationalities and curricula vitae of the applicant and any person acting as a manager, or other officer or partner, as the cause may be.
6. Attach four references (character, professional and financial) including two from insurers and one from bank.
7. Attach evidence satisfactory to the Commission that none of those persons listed in Section 4(b), 4(c) or 5 has a criminal record.
8. Attach a list of all insurers for whom the applicant is, or will be engaged to act as, manager or consultant.
9. Attach a Business Plan.
10. Have any of the Parties connected with this application ever applied, either individually or in conjunction with others, for authority to transact insurance business in any other jurisdiction? If so please give details.

Application is accordingly hereby made for the licence specified above and it is certified that all the particulars contained in this application and in the documents accompanying it or otherwise furnished in support hereof are true and correct.

Dated this _____ Day of _____ 20 ____

(Name of Applicant)

Signature of Applicant if an individual

WITNESS: Name _____

Occupation: _____

Address:

OR by its * Director/ *Secretary / * or other person duly authorised :

Signed: _____

WITNESS: Name: _____

Occupation: _____

Address: _____

*Delete words which are not applicable.

Please return with prescribed application fee to the Financial Services Commission.