

PART B

(Regulation 2)

APPLICATION FOR REGISTRATION AS AN INSURANCE MANAGER OR EXTERNAL INSURANCE BROKER

Please complete all sections as fully as possible, giving reasons for non-compliance if any, and attaching appendices where appropriate.

1.	Name	e of A	pplicant	-						
2.	Date	on wl	nich app	plicant co	mmenc	ed or proposes	to com	nmence	carrying	on business
	in	or	from	within	The	Bahamas	and	with	which	Principal
	Com	pany		•••••	• • • • • • • • • • • • • • • • • • • •		•••••	•••••	•••••	
		•••••								
3.	Addr	ess	of	main	or	registered	office	in	The	Bahamas.
			••••••	••••••	••••••					
		•••••	• • • • • • • • • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••



4. (a) Attach evidence of proper incorporation pursuant to the Companies Act and a copy of the memorandum of association and articles of association or other instrument of

constitution of the applicant as may be appropriate; or if not yet incorporated, the proposed documentation.
(b) List of all names (including any previous names), addresses and nationalities of all shareholders. In those 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. Attach four references (character, professional and financial) including two from
insurers and one from a bank pertaining to the principal officers of the applicant
including a banker's reference in respect of the applicant.
6. Attach a list of all insurers for whom the applicant is , or will be engaged to act as manager or consultant.



insurer by Pa	business plan containing like particulars to those required of an external art A of this schedule.
individually any jurisdicti	
	day of
-	(Name of applicant)
	Director/Secretary or other person duly authorised
WITNESS:	Name: