



CENTRALE BANK VAN CURAÇAO EN SINT MAARTEN
Institutional Investors' Department
Simon Bolivar Plein 1, Curaçao

For the implementation of Article 11, Paragraph 2, of the Insurance Supervision Act (National Gazette 1990. No. 77¹) (NOIS)

GENERAL NOTES.

All information supplied in this form is confidential. All requests for information must be answered completely and accurately. Please motivate answers if necessary. If additional space is needed, please attach a separate sheet. Inadequate or inaccurate information may result in a delay when processing the application form or a rejection of the application.

GENERAL INFORMATION

1. COMPANY'S INFORMATION

Insurance Company name:.....

Trade name:.....

Address:.....

Country:.....

Correspondence address:.....

Telephone number:.....

Telefax number:.....

E-mail address:.....

Website:.....

Chamber of Commerce Registry number:.....

Attached as annex 1

¹ As amended by Landsverordening actualisering en harmonisatie toezicht landsverordeningen Centrale Bank van Curaçao en Sint Maarten (P.B. 2015, No. 67)

2. INSURANCE INFORMATION

Please indicate which kind of license is requested.

life insurance company

non-life insurance

2.1 Please state the legal status of the proposed insurance company by checking the appropriate box. (Question applies only to insurance companies which are registered in Curaçao and/or Sint Maarten)

limited liability company ('NV')

mutual company

2.2 In case the insurance company is not registered in the Curaçao and/or Sint Maarten, please provide information about the legal status of the applicant according to the law of the home office.

limited liability

mutual company

other

Please indicate if the applicant can be regarded as a legal person according to the law of the home office.

yes

no

Please attach a copy of the notarized Articles of Incorporation and amendments thereto.

Date Articles of Incorporation

Date amendments

Do the Articles of Incorporation comply with the General admission requirements and the relevant provisions of the law? If no, please explain.

Yes

No

.....

.....

.....

Attached as Annex 2

2.3 If the insurance company is part of a group, part of a group (see Annex 3)
please attach the group structure as Annex 3. not part of a group

Attached as Annex 3

2.4 Indicate specifically the line of insurance business the company desires to undertake by placing a check in the appropriate boxes.

A. LIFE INSURANCE

- 1 Industrial
- 2 Ordinary
- 3 Credit Life
- 4 Pension and Annuity
- 5 Flexible-Premium
- 6 Group Life
- 7 Other life insurance not mentioned under 1 to 6

B. NON-LIFE INSURANCE

- 1 Accidental and Health
- 2 Motor Vehicle (see 2.4a)
- 3 Marine, Aircraft and Transit
- 4 Property
- 5 Other non-life insurance not mentioned under 1 to 4

2.4a The Insurance company hereby declares according to article 13 of the NOIS;

That his insurance conditions within the meaning of the Motor Vehicle Liability Insurance Act (P.B. 1977. No.4) are in accordance with the provisions as laid down in and by virtue of said Act;

That without regard to what otherwise might have been stipulated as his insurance conditions, the provisions of mentioned Act apply to all insurance contracts underwritten by him.

Signature

Name:.....

Function:.....

3. MANAGING DIRECTORS

3.1 Please provide the personal details of the managing directors.

	First and last names	Address	Education	Insurance work experience
1				
2				
3				
4				
5				

Please fill in and submit the personal questionnaire of abovementioned persons to the Bank².

Are these Personal questionnaires duly notarized? Yes
 No

Number of personal questionnaires submitted

Attached as Annex 4

3.2 The day-to-day policy must be determined by at least two (2) persons. Please provide the names of the individuals mentioned under 3.1 who are responsible for the daily management of the company. (Please indicate if resident or non-resident)

	First and last names	Resident	Non resident
1			
2			
3			

² For the personal questionnaire and policy rule on integrity testing, refer to our website www.centralbank.cw, under Regulatory framework, General, Integrity Financial Sector.

Please fill in and submit the personal questionnaire of abovementioned persons to the Bank².

Are these Personal questionnaires duly notarized? Yes
 No

Number of personal questionnaires submitted

Attached as Annex 5

3.3 Are there any (natural or legal) persons whom directly or indirectly are authorized to appoint or dismiss the individuals mentioned under 3.1 besides the shareholder(s).
If so, please provide their details.

	First and last names	Address	Education	Work experience
1				
2				
3				
4				
5				

In case the person in charge is a legal person, please provide the articles of incorporation, extract of the chamber of commerce or trade register and deed of appointment of the natural person who will represent it.

Attached as Annex 6

3.4 Individuals who are the contact persons for the Central Bank with regard to the reporting.

	First and last names	Telephone number	E-mail address
1			
2			
3			
4			
5			

4. SUPERVISORY DIRECTORS

4.1 In case the company is a limited liability company, the supervisory board should consist of at least three (3) natural persons. Please provide the names of the supervisory directors. (Please indicate if resident or non-resident).

	First and last names	Resident	Non resident
1			
2			
3			

Please fill in and submit the personal questionnaire of abovementioned persons to the Bank².

Are these Personal questionnaires duly notarized? Yes
 No

Number of personal questionnaires submitted

Attached as Annex 7

4.2 Are there any persons besides the shareholders, whom directly or indirectly are authorized to appoint or dismiss the individuals mentioned under 4.1 If so, please provide their details.

	First and last names	Address	Education	Work experience
1				
2				
3				
4				
5				

5. SHAREHOLDERS

5.1 Please specify the complete names of the shareholders, their percentage of ownership and their respective addresses. A separate chart and a copy of the shareholders' register may be attached to Annex 8.

	First and last names	Address	Percentage of ownership
1			
2			
3			
4			
5			

Indicate/mention the relationship between the shareholders:

.....
.....
.....

Please state the share capital of the company. (Issued and paid up)

.....
.....
.....

Attached as Annex 8 (Separate chart and a copy of the share-holders' register).

5.2 Please provide the names and locations of all other subsidiaries and affiliates of the principal shareholders mentioned under 5.1.

Name of the subsidiary	location	affiliate
.....
.....
.....
.....
.....

6. LEGAL ADVISORS

6.1 Please provide the names and addresses of the company's local and foreign legal advisors, if any.

Name:	Address:
.....
.....
.....
.....

6.2 Please provide the name of the contact person(s) of the firms mentioned under 6.1.

	First and last names	Telephone number	E-mail address
1			
2			
3			
4			
5			

7. EXTERNAL AUDITORS AND ACTUARY (ENGAGED RESPECTIVELY SINCE 20.. AND 20 ..)

7.1 Please provide information of the external auditors.

Name:.....

Address:.....

Telephone number:.....

Telefax number:.....

E-mail address:.....

Website:.....

7.2 Please provide the name of the engagement partner and engagement manager of the audit firm.

Name of the engagement partner:.....

Name of the engagement manager:.....

7.3 Please provide information of the external actuary.

Name:.....

Address:.....

Telephone number:.....

Telefax number:.....

Email-address:.....

Website:.....

8. BANKERS

8.1 Please state the name and address of the company's main bankers or any other banks where the company maintains accounts.

Name:

Address:

.....
.....
.....
.....
.....

.....
.....
.....
.....
.....

9. ANNUAL STATEMENTS

Please mark here which statements are submitted

- The audited annual statements of the last three years of the parent institution.
- A statement of an external auditor regarding the initial equity of the institution at the date of the request for a license.
- Last three audited annual statements of the institution.
- Actuarial Report.

Attached as Annex 9

10. BUSINESS PLAN AND ACCOUNTING/INTERNAL CONTROL ENVIRONMENT

Please submit a business plan including projections of the balance sheet and income statement for the first three years of operations.

Attached as Annex 10

11. SUPPLEMENTARY INFORMATION

With explicit reference to the questions on the application form, please provide any additional information which could not be supplied on the application form or provide any additional comments you wish to make in this regard. Additional pages could be added by numbering this Annex 11.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Attached as Annex 11



CENTRALE BANK VAN CURAÇAO EN SINT MAARTEN
Institutional Investors' Department
Simon Bolivar Plein 1, Curaçao

The undersigned certify to the best of his/her knowledge and belief that the information provided in this application form, including the annexes, is true, accurate and complete.

Date:.....

Date:.....

Place:.....

Place:.....

Name:.....

Name:.....

Function:.....

Function:.....

Signature:

Signature:



CENTRALE BANK VAN CURAÇAO EN SINT MAARTEN
Institutional Investors' Department
Simon Bolivar Plein 1, Curaçao

This page will guide the applicant through all the documents necessary to submit to the Bank for application for an insurance company license. The license request will be processed after all the items mentioned below are received.

1. Application form completed and signed by the authorized individual;
2. Extract Chamber of Commerce (attachment 1);
3. Articles of Incorporation(attachment 2);
4. Organizational Chart(attachment 3);
5. Personal Questionnaires (notarized) (attachment 4,5,6, and 7);
6. Group structure and copy of the register of shareholders(attachment 8);
7. Audited annual statements of the last three years (attachment 9);
8. Business plan and accounting/ internal control environment; (attachment 10);
9. Supplementary information (attachment 11);
10. Deed of Appointment (in case of a representative)³;
11. Declaration from the home country Supervisory Authority confirming that the applicant is authorized to be engaged in the insurance business and has been actively engaged in said business in the home country for a period of at least five (5) years directly preceding the date of the application;
12. Information of the identity, financial position and antecedents of those who hold a qualifying holding in the company;
13. Insurance company custody agreement (if applicable).

³ Available at our website www.centralbank.cw, under regulatory framework, supervision Institutional Investors & Insurance Brokers under application form.

