

FORM 3

APPLICATION

FOR AN INSURANCE MANAGERS OR MANAGING AGENTS LICENCE

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

1. Name of applicant

Address. _____

2. Date on which it is proposed to commence business in or from within Vanuatu _____

3. If incorporated;

(a) Attach evidence of incorporation and a copy of the Memorandum and Articles of Association.

(b) Attach a list of all names, addresses and nationality of all shareholders.

In those instances where shares are held by a corporate body, the beneficial owner should be shown

(c) Attach *curriculum vitae* of all directors, managers and officers.

4. If not incorporated, provide nationality and *curriculum vitae* of the applicant.

5. Attach three references including one from a bank, an insurance company and a lawyer/auditor.

6. Attach evidence that none of the persons listed in paragraphs 3(b) 3(c) and 4 has a criminal record.
7. Attach a list of all insurance companies that the applicant will be engaged to act as manager.
8. Attach a business plan and financial projection for the insurance companies that the applicant will be managing.
9. Are any of the parties named in this application involved in any insurance entity in any other jurisdiction or has applied to any other authority to transact insurance business. If yes please provide details.

Dated :

Signed: _____

Principal/Director/manager.

The application should be returned with the appropriate application fee to:

**The Insurance Supervisor
FINANCIAL SERVICES COMMISSION
PORT VILA
VANUATU**
