

FORM 5

**QUESTIONNAIRE AND UNDERTAKING
TO BE COMPLETED BY EACH
SHAREHOLDER, DIRECTOR OR OFFICER**

1. Name of Applicant Company

2. _____
Name of: ultimate beneficial shareholder / director / officer

3. Previous names, if any

4. _____
Nationality and how acquired

5. If the shareholder is a corporate body;

- Date and place of incorporation; _____

- Ultimate beneficial owners; _____

If the shareholder is an individual;

- Date and place of birth. _____

- Number of shares held and whether fully paid; _____

- Type of voting rights attached to the shares. _____

6. Private address or registered address (if a corporate body)

Business address and telephone no.

7. Have you ever been a shareholder, director or officer of any company that has been wound up or made any compromise agreement with its creditors?

8. Have you previously been involved, actively or otherwise, in any company in the insurance industry?

9. Have you ever filed for bankruptcy or been bankrupt?

10. Have there been or are there any cease and desist orders, civil or criminal actions against you, or any company of which you have been a shareholder, director or officer, for fraud, negligence, misconduct or malpractice

12. Are you a director or officer of any other company?

13. Are you a shareholder of any other company (other than a company whose shares are listed on a recognized stock exchange)?

Additional information required from a proposed director or officer;

➤ Position held and area of responsibility. _____

➤ Resume including any insurance related experience.

➤ Have you had any disciplinary action taken against you by any professional body, or association?

I certify that the information given in this questionnaire is true and correct and that I am fully aware of the business plan submitted with the licence application and the proposed activities of the applicant.

I am aware of the Insurance Act 2005, the Regulations and guidance notes.

Dated: _____

Signature _____

Name in full _____

Signature of witness: _____

Name of witness: _____

Address _____

Occupation _____
