**SCHEDULE VI**

**(Refer Regulation 5(1) and 9(1))**

**FORM - A**

# APPLICATION FORM AND DOCUMENTS REQUIRED

# International Financial Service Centres Authority

**(Insurance Intermediary) Regulation, 2021**

APPLICATION FOR GRANT OF FRESH AND RENEWAL CERTIFICATE OF REGISTRATION

NAME OF THE APPLICANT:

CATEGORY APPLIED FOR INSURANCE INTERMEDIARY -

(Mention category for which application is made)

# Direct Broker

# Reinsurance Broker

# Composite Broker

# Third Party administrator

# Surveyor and Loss assessor

# Corporate Agent

# Instructions for filling up the form:

1. It is important that before this application form is filled in, the regulations made by the Authority are studied carefully.
2. Applicant must submit a duly completed application form together with all appropriate, supporting documents to the Authority.
3. Application for registration will be considered only if it is complete in all respects.
4. Information which needs to be supplied in more details may be given on separate sheets which should be attached to the application form.
5. If the applicant is not a company, the information called for in this Form shall be supplied by adapting the requirements suitably.

# PARTICULARS OF THE APPLICANT

* 1. Name of the Applicant :
  2. (A) Address - Principal Place of business / Registered Office.

Pin/Zip code: Telephone No:

E-mail: Fax No: ---------------------

(B) Address for Correspondence:

Pin/Zip code: Telephone No:

E-mail: Fax No:

1. Address of Branch Office:
2. Details of the proposed/existing branch office(s) where applicant proposes to distribute insurance (Applicable only for Corporate Agent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place | Address | Name of Specified person | Educational qualification of specified person | Exam pass cert. of Specified person |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Name and particulars of the Principal Officer/CAO/CEO

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Address &  Contact Details | Qualification | Experience in Insurance  Broking services and related areas | Share in applicant firm  /company | Directorship in other companies | DIN No. (If  applicable) | Aadhaar No/Passport no |
|  |  |  |  |  |  |  |  |
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# ORGANISATION - STRUCTURE

* 1. Status of the Applicant:

(e.g. limited company-Private/Public, partnership, others. If listed, names of Stock Exchanges and latest share price to be given)

2.2. Date and Place of Incorporation:

Day Month Year Place

* 1. Scope of business as described in the Memorandum of Association

(To be given in brief along with copy of Memorandum and Articles of Association or Partnership Deed).

* 1. Details of Promoters/Investors/Member

Shareholding as on:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Promoter/Investor/ Member | Address and contact details | Aadhaar No.or Passport no (Individual)/ National identification no/ PAN No (entities) | No. of Shares held/ Amount of contribution | % age of total paid-up capital/ total contribution |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. Particulars of all Directors/Partners/Proprietor:-

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Qualification | Experience in insurance services and related areas | Share in applicant firm/company | Directorship in other companies | DIN no | Aadhaar No.or Passport no (Individual)/National Id No./ PAN No (entities) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* 1. Whether any of the associate company of applicant is interested in the applicant's business? If yes, give following details of associate companies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of | Address | Type of activity | Nature of | Nature and |
| Company/ Firm |  | handled | Interest of | interest of |
|  |  |  | Promoter/ | applicant |
|  |  |  | Director | company |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. Name and Address of the Principal bankers of the applicant
  2. Name and address of the statutory auditors:

# BUSINESS INFORMATION

* 1. Three years business plan document with projected volume of activities and income for which registration sought is to be specifically given.
  2. Organization Chart separately showing functional responsibilities to be enclosed.
  3. Particulars of Key Management Personnel (Not applicable for Corporate Agent)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Address | Qualification | Experience | Share in | Directorship | Key | Aadhaar |
|  | & contact details |  | in Insurance and related areas | Applicant firm/company | in other companies | Management position | No or passport no (Ind) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

* 1. Details of infrastructure like office space, equipment and manpower available with the applicant
  2. Details of IT infrastructure like hardware, software, networking, disaster recovery, business continuity plans, cyber-security, data privacy, virus and hacking protection, security certification, etc available with the applicant
  3. Details of experience in insurance and other related services:

(History, major events and present activities (Experience outside India may also be indicated):

* 1. Any other information considered relevant to the nature of services to be rendered by the applicant.

# FINANCIAL INFORMATION

* 1. Capital Structure (in USD in million)

|  |  |  |  |
| --- | --- | --- | --- |
| Capital Structure | Year prior to the  preceding year of current year | Preceding year | Current year |
| 1. Authorized Capital 2. Issued capital 3. Paid-up capital 4. Free reserves (excluding re- valuation reserves) 5. Total (c) + (d)   Note: - 1. In case of LLPs, please indicate capital minus drawings and/or loans to partners.  2. In case of LLPs, please indicate the financial position, means and net worth of the  partners. |  |  |  |

* 1. Net-worth of the applicant (Duly certified by a practicing-chartered accountant or its equivalent)
  2. Deployment of Resources (Not applicable for Corporate Agent) (in USD in million)

|  |  |  |  |
| --- | --- | --- | --- |
| Particulars | FY prior to the preceding year of current year | FY of Preceding year | FY of Current year |
| 1. Fixed Assets 2. Plant & Machinery 3. Office Equipment 4. Quoted Investments 5. Unquoted Investments 6. Details of Liquid Assets 7. Others |  |  |  |

(Details of Investments, Loans & Advances made to Associate Companies/Firms where Promoters/Directors have an interest is to be separately given).

* 1. Income and Profit before Tax (PBT) (in USD in million)

(Not applicable for Corporate Agent)

|  |  |  |  |
| --- | --- | --- | --- |
| Particulars  Income and Profit Before Tax | FY prior to the preceding year of current year | FY of Preceding year | FY of Current year |
|  |  |  |  |
|  |  |  |  |

* 1. Dividend (in USD in million)

(Not applicable for Corporate Agent)

|  |  |  |  |
| --- | --- | --- | --- |
| Particulars | FY prior to the preceding year of current year | FY of Preceding year | FY of Current year |
| Amount Percentage |  |  |  |

Note: Please enclose three years audited annual accounts. Where unaudited reports are submitted, give reasons. If minimum capital requirement has been met after last audited annual accounts, audited statement of accounts for the period ending on a later date should also be submitted.

# OTHER INFORMATION, IF ANY

* 1. Details of all settled and pending disputes against promoter/applicant/ shareholder:

|  |  |  |  |
| --- | --- | --- | --- |
| Nature of dispute | Name of the party | Pending/settled | Date of settlement |
|  |  |  |  |

* 1. Details, if any, of any economic offences by the applicant or any of the Partners/ Directors, or key managerial Personnel in the last three years.

# Documents attached:

1. **Fee Payment:**

Note: A non-refundable fee as specified by the Authority.

Details of Payment: Transaction number ------------------- Date: -----------------------

Name of the bank:

# Undertaking

* 1. The applicant in case of each category of business shall maintain an arms length relationship in financial matters between its activities as insurance intermediary.
  2. No person, directly or indirectly connected to the applicant has been refused for the licence/certificate of registration in the past, if yes, give details;

|  |  |
| --- | --- |
| Name of the persons | relationship with the applicant |
|  |  |

*for the purpose of this sub-clause, the expression “directly or indirectly connected” means a relative in the case of any individual, and in the case of a firm or a company or a body corporate- an associate, a subsidiary, an interconnected undertaking or a group company of the applicant.*

# Details of the contact person

# 

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Designation | e-mail address | Phone number |
|  |  |  |  |

# DECLARATION

THIS DECLARATION IS TO BE SIGNED BY TWO OF THE DIRECTORS, TWO OF THE PARTNERS AS THE CASE MAY BE.

* + 1. We hereby apply for registration.
    2. We have gone through the IFSCA (Insurance Intermediary) Regulations, 2021 and are satisfied that:
       1. We are eligible to apply for the registration as insurance intermediary.
       2. We state that we have truthfully and fully answered the questions above and provided all the information which might reasonably be considered relevant for the purposes of our registration.
       3. We declare that the information supplied in the application form is complete and correct.
       4. We undertake that we shall not allow or offer to allow, either directly or indirectly, as an inducement to any person, any rebate of the whole or part of the remuneration or reward earned by us during the registration period.
       5. We undertake to service the run-off business on the books at the time of cancellation or non-renewal of registration subject to the applicable norms.

For and on behalf of

(Signature & Name) (Signature & Name)

{Block Letters} {Block Letters}

Director Director

Name of the Applicant Name of the Applicant

Place: Place:

Date: Date:

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**Particulars of Principal Officer/Branch Head/Directors/Partners/Promoters/ Key Management Personnel**

(This form shall be filed separately for each KMP)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details of Principal Officer/ Directors/ Partners/ Promoters/ Key Management**  **Personnel** | | | | | | | | |
|  | | | | | | | | |
| **Full Name** | | | | | | | | **Mention Mr. / Mrs.** |
| Address | | | | | | | | |
|  | | | | | | | | |
| **Date of Birth** | | | | | **Phone No** | | | |
| **Nationality** | | | | | **Cell No** | | | |
| Position in the Organisation | | | | | FAX No | | | |
| DIN No. (if applicable): | | | | | Aadhaar No/passport No (if applicable): | | | |
|  | | | | | | | | |
| **Current Position held from** | | | | **Email id** | | | | |
|  | | | | Web Address | | | | |
| **Description of Duties / Responsibilities** | | | | | | | | |
| Qualifications Experience and Achievements | | | | | | | | |
| Name of the Institute | | Country | | Qualifications | | | Year of Study / Graduation | |
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| Professional Qualification. | | | | | | | | |
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| **Present Shareholding/contribution in this Company/firm – Position as on** | | | | | | | | |
| Name of the Company/firm | | | No of shares held/ contribution made | | | % of shares held in the company/ contribution made | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |
| Equity Interest in other Companies / Shareholding held in other companies | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the Company | | No of shares held | | % of shares held in the company | | | |
|  | |  | |  | | | |
|  | |  | |  | | | |
|  | |  | |  | | | |
| Directorship / Partnership / Proprietor positions held in other companies | | | | | | | |
| Name of the company | | Position held in the Organisation | | Period (from to  ) | |  | |
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| **Working Experience** | | | | | | | |
| Name of the employer | Nature of Business | | Designation | | Description of duties | | Period |
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1. I declare that all information given in this application above is true and correct.
2. I declare that I have filled in the FIT and Proper statement.

Signature of KMP whose details are given:

Name:

Date: