

DRAFT REGULATION

REGISTRATION
OF
INSURERS

**ISSUED UNDER THE AUTHORITY OF SECTIONS 17 AND 24 OF THE
INSURANCE ACT 1998
ACT NO. 20 of 1998**

Issued :
To all Insurers
Circular No. ... of 2004

The Commissioner of Insurance
Office of the Commissioner of Insurance
Date:.....

Particulars

Year Obtained

(a) Highest Academic Degree and Institution granting Degree

_____	_____
_____	_____
_____	_____

(b) Special Awards or Honours

_____	_____
_____	_____
_____	_____
_____	_____

(c) Training Courses or Seminars and Training Institution(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(d) Membership in Professional Organizations

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Occupation or Employment (Present or most recent and for the last 10 years) :

<u>Name & Business of Employer</u>	<u>Positions Held</u>	<u>Inclusive Dates</u>	
		<u>(Mth & Yr)</u>	
		<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Details of all Loans from Employer (Present or most recent and for the last 5 years) and any outstanding loans:

Name & Business of Employer	Date Loan Taken	Status of Loan repayment

8. Other Business Affiliations (Direct and Indirect) :

Name of Business	Nature of Affiliation i.e Director, Officer, Officials, Shareholder with % holdings specified etc.	Inclusive Dates (Mth & Yr)	
		From	To

9. Family Group

Name	Business Affiliations
	(State Name of Business and Nature of Affiliation i.e Director, Officer, Officials, Shareholder with % holdings specified etc.)
(a) Spouse or Reputed Spouse:	
(b) Children:	

(c) Parents:

(d) Other: (please specify)

10. Record of court cases or any investigation by governmental, professional or any regulatory body (including pending cases or on-going investigations) :

<u>Name of Court or Investigative Body</u>	<u>Full Particulars</u>	<u>Status</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Documentary Requirements -

- (a) Police Clearance.
- (b) Certified statement of assets and liabilities including details of outstanding debts.
- (c) Latest tax compliance certificate from the Inland Revenue Department or certified true copy of income tax and property tax returns.
- (d) Letters of two(2) character references from individuals other than relatives who have personally known the undersigned for at least ten (10) years.

12. Certification and Undertaking

I, _____ hereby declare that there are no unauthorized borrowings including overdrafts on deposit accounts, past-due or delinquent accounts, or defaults on loans from financial institutions with whom I have had dealings with for the last five (5) years

I, _____ certify that all the above information contained in and accompanying this form is complete and accurate to the best of my knowledge and belief.

I, _____ also undertake to notify the Commissioner of Insurance, within a period of fifteen (15) days, of any material change to this Personal Declaration Sheet.

(Signature)

(Position)

(Date)