

THE AUTONOMOUS ISLAND OF MWALI (MOHÉLI) REGISTRAR OF COMPANIES

INSURANCE LICENCE APPLICATION

Under the International Insurance Act of 2001

Name of Insurance Company:
Alternative name(s)
a)
b)
c)
Permited sufixes : PLC, Public Limited Company, LTD, Limited, Corp, Corporation, Inc, Incorporaed, SA, Societa Anonima, AG, Aktien Gesellschaft, S.p.A, Società per Azioni)
CLASSES OF INSURANCE LICENCES
☐ General International (Offshore)Insurance Licence (Unlimited Insurance business)
☐ Restricted International (Offshore) Insurance Licence (Restricted with permited entities)
☐ Re-Insurance International (Offshore) Licence (reinsurance and intermediary activities)

DIRECTORS:

(Note: min TWO directors are requested for Insurance company, Corporate directors are not permited)

1st Director Details Resident Address: Tel:......Fax:..... Cellular: E-mail: Date of Birth (DD/MM/YYYY):.....Place of Birth:.... Citizenship: Personal ID No.:......Country of Issue:..... (Note: please attach to the application copy of passport or Government ID) **Business reference** Name of Company:.... Address:....

Tel:..... E-mail:....

Name of Bank:....

Address:....

Tel:..... E-mail:....

Banking reference

2nd Director Details

Name :	Surname:	•••••
Resident Address:		
	Fax:	
	E-mail:	
Date of Birth (DD/MM/YY)	Y):Place of Birth:	
Citizenship:		• • • • • • •
Personal ID No.:	Country of Issue:	
Drivers Licence ID No.:	Country of Issue:	
Passport No.:	Country of Issue:	•••••
(Note: please attach to the a	oplication copy of passport or Government ID)	
Business reference		
Name of Company:		
Address:		
Tel:	E-mail:	•••••
Banking reference		
Name of Bank:		
Address:		
Tol·	F-mail·	

CAPITAL AND SHARES OF THE INSURANCE COMPANY

$\ \square$ General International (Offshore)Insurance Licence require capital of 15 millions USD or more
$\ \square$ Restricted International (Offshore) Insurance Licence require capital of 1 million USD or more
☐ Re-Insurance International (Offshore) Licence require capital of 100.000,00 USD or more
CAPITAL OF THE INSURANCE COMPANY:
Authorised Capital of the Insurance Company: USD
Total number of ALL shares:
Denomination of EACH shares: □ USD □ EUR □ other:
Total number of shareholders:
(Note: all shares MUST by registered shares. Bearer shares are not permited for banking, trust and insurance companies. The law requere min of two shareholders. Shareholders can by natural person or legal entities)
Special requirements for shares and capital:

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS NATURAL PERSON

Name : Surr	name:
Resident Address:	
Tel:Fax:	
Cellular: E-mail:	
Date of Birth (DD/MM/YYYY):	
Citizenship:	
Personal ID No.:	
Drivers Licence ID No.:	Country of Issue:
Passport No.:	Country of Issue:
No. of shares subscribed in the Insurance company::	
Nominal value of EACH share:	□ USD □ EUR □ other:
Total Value of ALL shares:	USD EUR other:
(Note: please attach to the application copy of passport or G	overnment ID)

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS NATURAL PERSON

Name :	Surname:
Resident Address:	
	Fax:
	E-mail:
Date of Birth (DD/MM/YYYY):	Place of Birth:
Citizenship:	
Personal ID No.:	Country of Issue:
Drivers Licence ID No.:	Country of Issue:
Passport No.:	Country of Issue:
No. of shares subscribed in the Insurance com	npany::
Nominal value of EACH share:	□ USD □ EUR □ other:
Total Value of ALL shares:	USD 🗆 EUR 🗀 other:
(Note: please attach to the application copy of pa	ssport or Government ID)

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS NATURAL PERSON

SHAREHOLDER(S) DETAILS

Name : Surname:	
Resident Address:	
	•••
Tel: Fax:	
Cellular: E-mail:	•••
Date of Birth (DD/MM/YYYY):Place of Birth:	
Citizenship:	
Personal ID No.:Country of Issue:	
Drivers Licence ID No.:Country of Issue:	
Passport No.: Country of Issue:	
No. of shares subscribed in the Insurance company::	
Nominal value of EACH share: □ USD □ EUR □ other:	
Total Value of ALL shares:	
(Note: please attach to the application copy of passport or Government ID)	

(Note: please attach to the application copy of passport or Government ID,

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS LEGAL ENTITY (COMPANY)

Company name:
Registered Address:
Tel:Fax:
Cellular: E-mail:
Company Registered No. :
Country of Incorporation:
Name of Director or President:
No. of shares subscribed in the Insurance company::
Nominal value of EACH share: □ USD □ EUR □ other:
Total Value of ALL shares:
(Note: please attach to the application copy of certificate of incorporation)

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS LEGAL ENTITY (COMPANY)

Company name:
Registered Address:
Tel:Fax:
Cellular: E-mail:
Company Registered No. :
Country of Incorporation:
Name of Director or President:
No. of shares subscribed in the Insurance company::
Nominal value of EACH share: □ USD □ EUR □ other:
Total Value of ALL shares: □ USD □ EUR □ other:
(Note: please attach to the application copy of certificate of incorporation)

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS LEGAL ENTITY (COMPANY)

Company name:
Registered Address:
Tel:Fax:
Cellular: E-mail:
Company Registered No. :
Country of Incorporation:
Name of Director or President:
No. of shares subscribed in the Insurance company::
Nominal value of EACH share: □ USD □ EUR □ other:
Total Value of ALL shares:
(Note: please attach to the application copy of certificate of incorporation)

APPLICATION CHECK LIST

☐ Application for Insurance Licence
☐ Copy of Directors passport or Government ID card (personal ID, Drivers Licence)
☐ Copy of Shareholder identification
☐ Business Plan for 5 years in Franch or English language
☐ One business reference for each director
☐ One banking reference for each director
☐ Payment of all fees
DECLARATION
I/We applicants sworn and declare with full legal responsibility to the Mwali International Services Authority, Register of Companies and Offshore Insurance supervisory authority, that all submited and filed information are true and correct, and that we are bona fine persons with good moral and legal character, and that the company will be use for legal and moral activities withing the teritory of Comoros Union (Offshore).
Applicant Name and Surname:
Applicant Signature:
Date of Application: Place of Application: