



BUSINESS REGISTER
GOVERNMENT MWALI

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).....

Permitted suffixes: 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 permitted entities)

Re-Insurance International (Offshore) Licence (reinsurance and intermediary activities)

DIRECTORS:

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

1st Director 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:.....

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

Business reference

Name of Company:.....

Address:.....

.....

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

Banking reference

Name of Bank:.....

Address:.....

.....

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

2nd Director 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:.....

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

Business reference

Name of Company:.....

Address:.....

.....

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

Banking reference

Name of Bank:.....

Address:.....

.....

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

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:..... USD EUR other:.....

(Note: please attach to the application copy of passport 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:..... USD EUR other:.....

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

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS NATURAL PERSON

SHAREHOLDER(S) DETAILS

Name :..... Surname:.....

Resident Address:.....

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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:..... USD EUR other:.....

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

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

SHAREHOLDER(S) DETAILS

Company name:.....

Registered Address:.....

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.....

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)

SHAREHOLDER(S) DETAILS

Company name:.....

Registered Address:.....

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.....

.....

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)

SHAREHOLDER(S) DETAILS

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)

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 submitted 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 territory of Comoros Union (Offshore).

Applicant Name and Surname:.....

Applicant Signature:.....

Date of Application:..... Place of Application:.....