

Form – A1

Additional Information to be filled by Applicants for Grant of Fresh and Renewal of Certificate of Registration of Insurance Intermediaries

S. No.	Particulars	Comments/ Remarks (for IFSCA use)															
0	Category Applied For Insurance Intermediary - (Mention category for which application is made)																
	1. Direct Broker 2. Reinsurance Broker 3. Composite Broker 4. Third Party administrator 5. Surveyor and Loss assessor 6. Corporate Agent																
	Additional Information: 1. Information which needs to be supplied in more details may be given on separate sheets which should be attached to the application form. 2. 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	Details of the proposed/ existing branch office(s) where applicant proposes to distribute insurance (Applicable only for Corporate Agent)																
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Place</th> <th style="width: 15%;">Address</th> <th style="width: 20%;">Name of Specified person</th> <th style="width: 20%;">Educational qualification of specified person</th> <th style="width: 30%;">Exam pass cert. of Specified person</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Place	Address	Name of Specified person	Educational qualification of specified person	Exam pass cert. of Specified person											
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Organisation – Structure																	

2	If listed, provide the names of Stock Exchanges and latest share price.																					
3	Whether any of the associate company of applicant is interested in the applicant's business? If yes, give following details of associate companies																					
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4	Name and Address of the Principal bankers of the applicant																					
5	Name and address of the statutory auditors																					
6	Any other information considered relevant to the nature of services to be rendered by the applicant																					
Financial Information																						
7	Capital Structure (in USD in million)																					

	Capital Structure	Year prior to the preceding year of current year	Preceding year	Current year	
	a) Authorized Capital b) Issued capital c) Paid-up capital d) Free reserves (excluding re-valuation reserves) e) Total (c) + (d)				
	<p>Note:</p> <p>1. In case of LLPs, please indicate capital minus drawings and/or loans to partners.</p> <p>2. In case of LLPs, please indicate the financial position, means and net worth of the partners.</p>				
8	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	
	a) Fixed Assets b) Plant & Machinery c) Office Equipment d) Quoted Investments e) Unquoted Investments f) Details of Liquid Assets g) Others				

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

9	The applicant in case of each category of business shall maintain an arm's length relationship in financial matters between its activities as insurance intermediary	

10	No person, directly or indirectly connected to the applicant has been refused for the license/certificate of registration in the past, if yes, give details	
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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.

Declaration

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)
{Block Letters}

Director

Name of the Applicant

Place:

Date:

(Signature & Name)
{Block Letters}

Director

Name of the Applicant

Place:

Date:

Form – A2

Additional Information to be filled for Application Seeking Fresh/Renewal Certificate of Registration by an Insurance Intermediary for Establishing IIO in the Form of Branch

S. No.	Particulars	Comments/Remarks (for IFSCA use)
Company Profile		
0	Current lines of insurance intermediary a. Broker-Direct/Composite/Reinsurance b. Corporate Agent c. Third Party Surveyor d. Surveyor and loss assessor	
1	Amount of Authorised capital, Subscribed capital and Issued Capital & Face value of shares and their numbers/ Total contribution by partners/members and individual contribution by each partner/member	
2	<p>¹[Certificate from CA/CS/CMA, etc.: Provide a certificate from a practicing Chartered Accountant in India, a practicing Company Secretary in India, a practicing Cost Accountant in India or any other person with appropriate qualification, as specified by the Authority, confirming that all applicable regulatory requirements have been complied with by the Applicant.]</p> <p>¹Substituted by International Financial Services Centres Authority (Insurance Intermediary) (Amendment) Regulations, 2021 dated 4th January 2022 (w.e.f. 4.01.2022). Prior to its substitution, regulation 13 (6) read as under:</p> <p>“Certificate from CA: Provide a certificate from a practicing Chartered Accountant in India or a practicing Company Secretary in India certifying that all the requirements of the Act read with IFSCA(Insurance Intermediary)Regulations, 2021 and rules, circulars have been complied with by the applicant.”</p>	

3	Annual Reports: Provide Annual reports for the past 5 years																																																	
4	Details of any additional capital to be infused, if applicable																																																	
5	Particulars of Previous Application: Has the applicant ever applied for license in International Financial Services Centre to carry out insurance business? If so, give particulars.																																																	
6	Details of shareholders of insurance intermediary: [Please give full name, address, percentage of holding in the paid up capital of the intermediary, Occupation, Qualifications and Experience, Number of shares held and Percentage of share capital in the company] Please attach separate sheets if necessary. Details of persons holding more than 1% of the issued capital of the applicant and promoters are to be given in separate statements.																																																	
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Regulatory Compliance in the home country		
7	Provide Name, Address and contact details of the Regulatory Authority in the country of domicile where the applicant is registered, if applicable	
8	Provide Professional Indemnity policy requirements in home country, if applicable	
9	Describe Minimum capital requirements prescribed by home country regulator	
10	Describe Capital maintained by the applicant for five years preceding the date of application	
IIIO Business Strategy		
1	Geographic Spread	
1	Give the addresses of the administrative office	
1	Market Research and Analysis	
2	The applicant may have undertaken some form of market analysis to ascertain the market potential. The applicant may furnish full description of the research, along with the conclusions reached	
1	Information Technology	
3	Full description should be provided for the following: <ul style="list-style-type: none"> • Areas in which IT infrastructure will be employed. • The degree to which the systems will be used for policyholder servicing. • The degree of interconnectivity of the systems. • A description of how the I/T systems will be used to develop the required Management Information Systems. • Extent of procedures and operations which will remain manual. 	

1	Recruitment and Training	
4	Different areas of the company require personnel with different skill sets. Some of the special technical skills would require special focus. The company may submit a detailed write-up on its plans to impart technical skills and knowledge locally and how to ensure compliance with experience and training requirements specified by Authority.	
1	Technical skills	
5	The technical skills of the people who will work in the branch and plan for imparting knowledge for skill upgradation at local level.	
1	Conclusion	
6	In conclusion, please discuss the viability of the operations. Any special issues or concerns should also be indicated	

English Translation: If any of the document which is not in English, a certified English translation is required. The English translation to be certified "true copy" by the insurance supervisory authority in country of the applicant or an external legal counsel