APPLICATION FORM
FOR
CAPTIVE INSURANCE AGENT (INDIVIDUAL)
(Pursuant to Section 9 of the Captive Insurance Act 2015)
NAME OF APPLICANT
Surname: Name:
CONTACT DETAILS OF APPLICANT
ADDRESS: .....
PHONE NO: .....
FAX NO: .....
EMAIL: .....
WEBSITE: .....
Date of Application Date of Receipt:
FSC Code: FSC C 1 2.1
Note:
(i) The information/documents required vide this Application Form and Annex must not be considered exhaustive. The FSC may request for such other information as it deems necessary with respect to the Application.
(ii) The FSC reserves the right to amend the Application Form and Annex to reflect any change in relevant laws, regulations, rules and policy guidelines.
(iii) Additional sheet(s) may be used, if necessary, to submit the required information.
LEGAL STATUS

1. APPLICANT’S DETAILS

1.1 PROPOSED CAPTIVE INSURANCE AGENT IS A: (Tick as appropriate (√))

Male □         Female □ ★

★Please indicate maiden name where applicable: ........................................................................

1.2 AGE ..................................................

1.3 NATIONAL ID/PASSPORT NO. .................................................................

2. PLACE OF BUSINESS IN MAURITIUS

2.1 ADDRESS: ..........................................................................................................

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PHONE /FAX /EMAIL: ........................................................................................................

DECLARATION BY APPLICANT

I certify that the information furnished in this application and additional submission, as required in Annex hereto, is complete and correct to the best of my knowledge and belief.

I also undertake to notify the Financial Services Commission of any material change in information/documents submitted with respect to the above.

Name of Applicant: .................................................................

(BLOCK CAPITALS)

Signature of Applicant: .................................................................

Date: ..............................................................................................