

**SCHEDULE 5**

(Section 2)

Anguilla

INSURANCE ACT

(Section 2)

**INFORMATION IN SUPPORT OF AN APPLICATION FOR  
AN INSURANCE LICENCE IN ANGUILLA**

Details required from each applicant or, if incorporated, each shareholder holding 25% or more of the applicant's issued share capital, and each director of an applicant company, or partner if a partnership, and comptroller if not a director, and such other persons as the Commission may require.

1. Full name
2. Former name (if different from name given above).
3. Date and place of birth
4. Nationality (if naturalised attach a copy of the naturalisation certificate, and state former nationality)
5. Full home address at present time:
6. List home addresses in full for previous five years where different from that given above, and give the related dates:
7. Marital status. If married give full name of spouse including maiden name of wife.
8. Passport particulars (enclose copies of relevant pages).
9. Give full details of your profession or occupation over the past ten years; include the names and addresses of all employers and the nature of your employment; give all relevant dates and state briefly the reasons for changes:

10. Give a list of all companies in which you have held an interest of 25% or more during the past ten years. Give brief particulars of the nature of the business of all such companies.
11. Give details of academic and professional qualifications and date(s) obtained, if not already included in the curriculum vitae.
12. Have you ever been employed in, or had an interest in
- (a) A financial services activity, or
  - (b) (State YES or NO ) A gambling activity in any country?
13. In relation to the proposed insurance operation are you acting wholly or partly as a nominee or agent for, or trustee of another person, persons or organisations? (State YES or NO).
- If YES, give the name and address of the person, or persons, or organisations and the precise nature of your relationship and/or the arrangement.
14. Give the full details of your financial interest in the proposed insurance operation, and the percentage ownership that this will represent, if applicable.
15. Have you or your spouse ever been declared bankrupt or been the subject of a bankruptcy petition, or ever received a judgement against you in a civil court? (State YES or NO).
- If YES give full details.
16. Has any company or firm of which you or your spouse was a partner, director or officer been the subject of a winding up petition? (State YES or NO).
17. Have you ever applied for a financial services licence in any other jurisdiction? (State YES or NO).
- If YES state type of account, name of establishment, location and period held and where granted.

18. Have you ever been refused a financial services licence or had an interest in any group which has been refused a license or related finding of suitability? (State YES or NO).

If YES to either of the above, state where, when and for what reason.

19. Have you ever appeared before any licensing agency or similar authority for any reason whatsoever? For example, as a witness. (State YES or NO).

If YES provide details.

20. Have you ever been barred from acting as a director? (State YES or NO).

If YES provide details

21. Have you as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff, or defendant as a result of misconduct? (State YES or NO).

If YES give details below: List all cases without exception, including bankruptcies:

Plaintiff/Defendant

Court and Case Number

Location

Result

22. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offence or violation for any reason whatsoever, regardless of the result of the event, in any country? (Except MINOR traffic offences) (State YES or NO).

If YES give details. List all cases without exception:

Date of Arrest or Detention

Age

Charge

Location

Result

23. Will you participate actively in the management or operation of the proposed insurance operation? (State YES or NO).

If YES give full details.

24. Has your interest in the proposed insurance operation been assigned, pledged or hypothecated to any person, persons, firms, partnerships or companies; or have you entered into any agreement, whereby your interest is to be assigned or pledged or sold either wholly or in part? (State YES or NO).

25. If applicable, have you made any arrangements for persons, firms or companies to advance money, or other equity, to you to assist in financing your investment in the proposed insurance operation? (State YES or NO).

26. Do your assets exceed your liabilities, including contingent liabilities and are likely to remain so for the foreseeable future? (State YES or NO).

27. Give the names, addresses and telephone numbers of three referees, including a financial institution. Referees should not be relatives. They should have been told that the Commission might wish to contact them.

I certify that to the best of my knowledge and belief the information given in this form is complete and correct:

Date: ..... Signed: .....

**AUTHORISATION TO SEEK ADDITIONAL INFORMATION**

I/We hereby authorise you to contact all relevant authorities and authorise said authorities to provide you with whatever information you may request.

(Signed)

Please forward to:

The Financial Services Commission  
P. O. Box 1575  
The Valley  
Anguilla  
British West Indies  
Tel: 1 264 497 5881  
Fax 1 264 497 5872

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