

3(2)(a)

APPLICATION FOR REGISTRATION AS AN INSURANCE MANAGER

1. Applicant's full name or proposed name for registration

2. Applicant's business address in Belize

3. Attach copy of applicant's Memorandum and Articles of Association as Exhibit I.

(a) Are Bearer Shares Prohibited? () Yes () No
(Indicate clause prohibiting)

(b) Authorized Share Capital \$.....

(c) Fully Paid-up capital \$.....

4. Names of shareholders/owners and beneficial owners and directors, Chief Ex-ecutive and Executive Staff of proposed Insurance Manager along with their addresses and work history (Completed Notarised Biographical Affidavits in the Second Schedule are preferred and any more detailed information must also be attached.)

Beneficial owners/shareholders

Directors

Officers

5. Attach completed Biographical Affidavits for each Beneficial Owner, Shareholder, Director and Officer of Applicant Company.

(When Biographical Affidavit is executed overseas it must be notarized in the country where executed)

6. Organisational structure of applicant. (Diagram, etc.)
7. Attach applicant's business plan for the first 5 years of operation along with appropriate financial projections for that period (**Exhibit II**) identifying types of insurance business to be managed, principal sources, extent of services to be provided and expected earnings to be generated.
8. Name and address of Attorney-at-Law resident in Belize authorized and consenting to accept service of process in any legal proceedings against applicant.

9. Has applicant ever been denied any form of insurance licence to operate in a similar or related capacity or had any such application deferred or ever had any regulatory action taken against applicant.

() YES () NO

If "Yes" please provide details with dates, etc. attaching appendix if necessary.

10. Does applicant carry on similar or related business in any other jurisdiction?

() YES () NO

If "Yes" please supply particulars of specific nature of operation, territory etc.

11. Application fee enclosed of US\$......or supply evidence of payment of such fee having been made to appropriate authority ID No./Receipt particulars and date.

I/We confirm that all particulars provided above and in the documents accompanying this application or otherwise furnished in support hereof are true and correct and confirm that if this application is granted I/we shall at all times comply with the requirements and provisions of the International Insurance Act 1999 and any Regulations or guidelines made thereunder or any amendments thereto which may be made from time to time.

Dated this.....day of.....2000 by its

Director/Secretary or other duly authorized person

Signed.....

Position.....

Witness:

Name.....

Occupation.....