

FIRST SCHEDULE
(Regulation 3 (2) (a))
APPLICATION FOR REGISTRATION AS AN
INTERNATIONAL INSURER

Please complete all sections as fully as possible, giving reasons for non-completion of any section and attaching appendices where appropriate.

1. Full name of applicant _____

2. Date on which applicant commenced, or intends to commence, carrying on International Insurance Business in or from within Belize.

3. (a) Category of business being or proposed to be, transacted (as defined in section 2 of the Act)

Long term General Reinsurance Captive

If applicant is or is to be a reinsurer or captive insurer, are the special exemptions available to qualifying reinsurers (under sections 15(6) and 23(2) and to qualifying captive insurers (under section 23(2) required?

Yes No

If "Yes" please submit appropriately signed undertaking for exemption.

If applicant is/is to be a captive insurer is/will any business unrelated to the captive's parent being/be written? YES NO

If "Yes" state type of business and percentage of total business proposed and reasons to justify such writings.

(b) Specify the types of insurance business contemplated under this application:
LIFE HEALTH WORKMEN'S COMPENSATION MOTOR PERSONAL
ACCIDENT PROPERTY AVIATION
PUBLIC LIABILITY CONTRACTOR'S LIABILITY
BONDS AND SURETY MARINE OTHER (Please indicate)

4. Address of applicant
(a) Registered office

(b) Office in Belize where full business records will be kept

5. If the applicant is to depend upon any third party services for the provisions of underwriting, management, financial or accounting services, please list all proposed third parties below and give details of such companies including evidence of agreement to provide the services mentioned.

- () Insurance Manager (in Belize)
- () Principal Insurance Representative (in Belize)
- () Underwriters
- () Accounting and Financial Services
- () Claims Service Companies
- () Agents
- ()

Attach particulars of proposed companies, evidence of appointment and evidence of acceptance by the proposed companies as **Exhibit I** hereto.

6. Attach a copy of applicant company's proposed Memorandum of Association and Articles of Association or other instrument of constitution of the applicant as may be appropriate or, in the case of companies already incorporated, copy of documentation certified by the appropriate Registrar. (N.B. Bearer Shares are not acceptable and there must be a minimum of **TWO** directors, one of whom must be resident in Belize.)

Attach under separate cover as Exhibit II.

(a) Are bearer shares prohibited? () Yes () No
(indicate clause prohibiting)

(b) Authorized share capital \$.....

(c) Fully paid up capital \$.....

(d) Evidence that minimum specified paid up share capital has been or will be deposited with licensed offshore bank or financial institution in Belize and shall not be removed without prior written permission of Supervisor of International Insurance. (Section 6**(b)**)

() Yes () No

If "Yes" attach evidence under separate cover as **Exhibit III**. (Certificate of registration will not be released before satisfactory evidence of registered deposit has been received by the Supervisor.)

7. List all names (including any previous names), addresses and nationalities of all shareholders. In those instances where shares are held by a corporate body or bodies the chain of connection to the ultimate owner must be shown.

Shareholder	% Shares held
_____	_____
_____	_____
_____	_____
_____	_____

8. Attach completed Notarized Biographical Affidavit in the Second Schedule for each beneficial owner, shareholder, director, officer and all key personnel with particular emphasis on experience in the insurance profession.

Attach Biographical Affidavit as Exhibit IV hereto
(When executed outside Belize such documents must be notarized).

9. Name, address and professional qualification of auditors. Attach evidence that said auditors have agreed to accept appointment and copy of Auditor's current practicing certificate in accordance with section 9 of the Accountancy Profession Act (CAP. 256A).

Name of Auditor _____

Address of Auditor _____

Attach letter of Appointment as Exhibit V hereto

Accounting standards to apply:

- (a)** International accounting standards or
- (b)** Generally accepted accounting principles

Country -

10. Name and address of Attorney-at-Law resident in Belize who is authorized to accept service of process in legal proceedings and notices on behalf of the applicant and who is approved or proposed for approval under section 6(e)(iii) of the Act. (Letter from person consenting to accept appointment is to be attached)

Attach as Exhibit VI hereto

11. **(a)** For existing insurer attach annual accounts for last three years preceding the date of this application.

Attach as Exhibit VII hereto (delete as applicable)

For new applicants the financial projections and information in business plan at 12 below alone are required.

- (b)** Attach completed written undertaking on form available, to provide and maintain at least the minimum solvency requirements prescribed by the Regulations for registered insurers.

Attach as Exhibit VIII hereto

12. Attach a 5 year business plan with financial projections to include nature of business to be undertaken, principal sources, expected premium income from various categories, assessment of risk factors including proposed reinsurance arrangements, asset base at the end of each year and anticipated loss ratios.

Attach as Exhibit IX hereto

13. Have any of the parties connected with this application ever applied, either individually or in conjunction with others, for authority to trans act insurance business in any jurisdiction?
 Yes No

If “Yes” please attach detailed result, etc. as Exhibit X hereto.

14. Has any application by applicant for similar registration ever been rejected or deferred? Yes No

If “Yes” please provide details (indicating country where rejected or deferred) attaching as Exhibit XI if necessary.

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

15. Amount of registration fee enclosed US\$.....
 cheque cash

or supply evidence of payment of such fee having been made to appropriate authority.

I.D. No/Receipt, particulars and date: _____

(Applicant’s Name)

(Authorized signatory for Applicant)

Witness _____
Address _____

Dated this _____ day of _____