



RESERVE BANK OF MALAWI

APPLICATION FOR RENEWAL OF LICENCE TO CONDUCT BUSINESS AS AN INSURANCE AGENT FOR BROKER

GENERAL INSTRUCTIONS

1. This form is for use by all applicants seeking to renew their licence for conducting business as an agent for broker and must be duplicated for future use.
2. Every licence to operate as an agent for broker expires on the 31st day of March each year and shall require to be renewed before this date.
3. Each agent for broker business must have appointed a designated individual as a principal officer who must hold a professional insurance qualification recognized by the Insurance Institute of Malawi and acceptable to the Registrar of Financial Institutions (i.e. ACII or equivalent), or must have a minimum of five years experience in a senior managerial position in an insurance company or broking firm and a satisfactory record in such employment.
4. The applicant must provide evidence of having in place an errors and omissions insurance (professional indemnity policy) and fidelity insurance at levels acceptable to the Registrar.
5. Each insurance agency for broker must represent a lead insurance broker for every product introduced from which a tentative agency agreement/letter of appointment must be held and a copy of which must be enclosed with the renewal application for a licence.
6. All applicable questions must be answered fully and additional pages may be attached where response space is found to be inadequate to accommodate all details.
8. A non-refundable licence renewal fee of K75,000.00 must be included with the application. Late renewals attract a monthly fee of K20,000.00.
9. All inquiries concerning the preparation, filling, and status of this application should be made to: **The Director, Pension and Insurance Supervision Department, Reserve Bank of Malawi.**
10. Upon completion, one original and a duplicate copy of the application and all other attachments must be submitted to: **The Registrar of Financial Institutions, Reserve Bank of Malawi, P O Box 30063, Lilongwe 3.**

APPLICATION FORM

1. Name of applicant:

2. Mailing address:

3. Telephone No:

Fax No:

E - Mail:

4. Indicate the issuing date of the first licence.

5. Indicate the applicant's previous year licence number.

6. Location of offices:

a. Head Office (give physical address)

b. Other offices (branches, agencies, etc if any)

7. Principal Officer:

a. Name of individual designated as principal officer.

b. Provide details regarding his/her professional and educational qualifications.

c. Provide details regarding his/her employment history, including positions held and level of managerial experience.

8. Indicate legal form of the applicant (partnership, corporation).

9. If applicant is a partnership provide:

- a. Details of the partnership including certified true copies of the certificate of registration and partnership agreement.
- b. A list of all the partners, their addresses, their nationality and their capital account contributions.

10. If applicant is a corporation provide:

- a. Certified true copies of the certificate of incorporation, memorandum and articles of association including bye-laws and other relevant documents.
- b. Details of the share structure of the corporation in terms of authorized share capital by each class of shares, number of shares issued, and outstanding, voting rights associated.
- c. List of all shareholders who own 10% or more of the shares of the corporation.
- d. An organizational chart showing inter-corporate shareholding and linkages where the corporation is a member of a group of companies. If any member of the group is a registered broker, give its registration number.

11. Provide names of individuals, together with details of their qualification and work experience, who will be in charge of the branches of the agency for broker undertakings. Indicate how the branch operations will be supervised and monitored.

12. Other information:

- (i) Has the applicant, any affiliate or any promoter of the applicant ever been refused registration as a broker under the Insurance Act or under the laws of any other jurisdiction which required such registration, or has any such registration been suspended or cancelled?

- (ii) Has the applicant or any affiliate of the applicant ever been:
 - a. Charged or convicted under the laws of Malawi or any other country.
 - b. A defendant in any proceedings in any civil court or tribunal in any country where fraud, theft, misrepresentation, negligence or other similar conduct was alleged.
 - c. Declared bankrupt or made a voluntary assignment in bankruptcy, or been subject of proceedings relating to insolvency, dissolution or winding up of business.
 - d. Recipient of a judgment or garnishment in any civil court in any country.
 - e. Refused errors and omission insurance or a fidelity guarantee bond or ever had of such insurance cancelled.
 - (iii) Is there any person or entity, whose is not disclosed in this application who has any direct or indirect beneficial interest in the applicant?
 - (iv) Give the name of the auditor engaged to audit the account of the applicant.
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13. Indicate the name of the broker to be engaged in the business and please provide copies of the agency agreements including details of commission and technical support to be rendered by the broker.

14. Insurance Markets:

- i. List of insurance markets to be served by product line (covering both life and general insurance) and geographical area. List names of principal insurance companies whose products will be brokered and the nature of arrangements with such companies. Provide copies of any agreements with insurers (at least three).
- ii. Provide a business/strategic plan for a minimum of three years, including sources and scale of business envisaged, balance sheet and profit and loss projections for each year and details of staffing and management. Assumptions used in preparing the plan and the financial projections should be realistic and based on actual comparative data for the markets to

be served and the current economic environment.

DECLARATION

With regard to

**APPLICATION FOR LICENCE TO CONDUCT BUSINESS AS AN INSURANCE
AGENT FOR A BROKER**

We, the undersigned, do hereby certify that:

- i) All the information given in response to and in support of the questions in this application is true and correct to the best of our knowledge and belief; and
- ii) This application is made in good faith with the purpose and intent that affairs and business of the proposed insurance brokerage firm will at all times be honestly conducted in accordance with good and sound business principles and in full compliance with all applicable laws and regulations.

We further certify that to the best of our knowledge and belief there are no other facts or information relevant to this application of which the Registrar of Financial Institutions should be aware, and we pledge to promptly inform the Registrar of any material change to this application which may arise while it is being considered.

<u>Name</u>	<u>Signature</u>	<u>Title/Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____

Note: One of the above signatories must be designated individual/principal officer.