

b In the list below tick the box for the class(es) for which authorisation is being requested.
Division into classes in accordance with the Classes Annex of the fsa

- 1 Life insurance general
- 2 Life insurance related to marriage or birth
- 3 Life insurance linked to common funds
- 4 Permanent health insurance**
- 5 Holdings in savings banks
- 6 Capitalisation activities***
- 7 Collective pension funds management***

8 Data as referred to in Sections 18(1), under h and 18(1), under i, fSA Decree on Market Access of Financial Corporations

a Completed and signed Prospective appointment notification forms and Integrity test forms each of the persons who determine or co-determine the policy of the insurer's branch, (i.e. managing directors and other policy makers), to the extent applicable together with completed and signed Integrity test forms with the requested enclosures ****

Names of persons (last name, initial(s)):

.....
.....
.....
.....

Number of Prospective appointment notification forms included:

.....

Number of Integrity test forms included:

.....

attached as appendix C1

b Completed and signed Prospective appointment notification forms of each of the persons who form part of a body within the insurer's branch that is entrusted with the supervision of the policies and general course of events of the insurer's branch (such as supervisory directors), to the extent applicable together with completed and signed Integrity test forms with the requested enclosures ****

Names of persons (last name, initial(s)):

.....
.....
.....
.....

Number of Prospective appointment notification forms included:

.....

Number of Integrity test forms included:

.....

attached as appendix C2

9 Data as referred to in Section 18(1), under j, fSA Decree on Market Access of Financial Corporations

A description of the proposed policies to secure sound operations of the branch, as referred to in Section 3:10(1), fSA

attached as appendix D

** See also Section 2:29, fSA.

*** See also Section 2:30, fSA.

**** The integrity test form is only applicable for persons who have not yet been tested for integrity

You can download the integrity test forms and the prospective appointment notification form from our website (www.dnb.nl)

10 Data as referred to in Section 18(1), under k, FSA Decree on Market Access of Financial Corporations

A description of the control structure, as referred to in Section 3:16, FSA

attached as appendix E _____

11 Data as referred to in Section 18(1), under k, FSA Decree on Market Access of Financial Corporations

A description of the organisation of the operations to secure controlled and sound operations of the branch, as referred to in Section 3:17(1), FSA

attached as appendix F _____

12 Data as referred to in Section 18(1), under l, FSA Decree on Market Access of Financial Corporations

Documents demonstrating the authorisation to carry on the business of insurer in the country where the registered office is located (for example, a copy of the authorisation)*

attached as appendix G _____

13 Data as referred to in Section 18(1), under m, FSA Decree on Market Access of Financial Corporations

The insurer's representative as referred to in Section 3:47, FSA, and, if the representative is a legal person,

- (i) the articles of association of this legal person****; and
- (ii) proof of the appointment of the natural person as referred to in Section 3:47(5), FSA

attached as appendix H _____

14 Data as referred to in Section 18(1), under n and 18(1), under o, FSA Decree on Market Access of Financial Corporations

a completed and signed Prospective appointment notification form of the representative of the insurer, together with the completed and signed Integrity test form with the requested enclosures *****

attached as appendix I _____

15 Data as referred to in Section 18(1), under q, FSA Decree on Market Access of Financial Corporations

Documents from which own funds of the insurer's branch, as referred to in Section 3:53(1), FSA, are apparent and on the basis of which DNB can assess whether the provisions laid down in that section are complied with, and from which the expected solvency of the insurer's branch, as referred to in Section 3:57(1), FSA, is apparent

attached as appendix J _____

* If the original documents were not drawn up in Dutch or English, please also submit a certified translation into one of these languages.

**** The integrity test form is only applicable for persons who have not yet been tested for integrity

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***** This extract must be of a recent date and reflect the current situation

15 Signature authorised representative(s)

The undersigned declare(s) to have taken note of the aforementioned information about the processing of personal data in conformity with the provisions of the Wbp and the obligation to notify any changes in the answers to the questions asked.

The undersigned declare(s) to have filled in this questionnaire and the appendix(-ices) fully and truthfully.

Date

Date

Place

Place

Name and position

Name and position

Signature

Signature

Please send the completed and signed form, with any appendices, to:
De Nederlandsche Bank, Expertisecentrum Markttoetreding, Postbus 98, 1000 AB Amsterdam.
If you have any questions, please contact DNB's Information Desk on 0800 - 020 10 68
or send an e-mail to info@dnb.nl.
From outside the Netherlands please call +31 20 524 91 11.