

De Nederlandsche Bank (DNB) will record the data supplied on the basis of this application form in a personal data processing system within the meaning of the Personal Data Protection Act (*Wet bescherming persoonsgegevens / Wbp*). The Dutch Data Protection Authority (*College Bescherming Persoonsgegevens*) has been notified of the processing of personal data. The notification form is available for inspection at DNB.

We always exercise due care in handling your data. We may exchange your data with third parties only if it is permitted by law; for example with supervisors and criminal authorities in the Netherlands or abroad.

You must of your own volition and without delay inform DNB of any change in circumstances that would cause you to have answered the questions below differently.

Please indicate on the form which documents you are adding to it by ticking the boxes against the relevant questions.

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

Name of insurer

Address of insurer

Telephone number

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Fax number

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

Legal form of insurer:

Public limited company

Mutual association

European company

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

Name of insurer according to articles
of association

Trading name(s) of insurer

Registered office of insurer

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

Registration number in the Trade Register
of the Chamber of Commerce

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

A certified copy of the insurer's articles of association

attached as appendix A

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

a A programme of activities that the insurer intends to carry on in the Netherlands (for more details about the content of the programme of activities, see Section 13, FSA Decree on Market Access of Financial Corporations).

attached as appendix B

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**

7 Data as referred to in Sections 12(1), under g and 12(1), under h, 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 (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 that is entrusted with the supervision of the policies and general course of events of the insurer (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

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

A description of the proposed policies to secure sound operations, 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)

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

A description of the participation structure allowing assessment of compliance with Section 3:16, FSA

attached as appendix E



10 Data as referred to in Section 12(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, as referred to in Section 3:17(1), FSA

attached as appendix F



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

Documents from which own funds, as referred to in Section 3:53, FSA, and the expected solvency, as referred to in Section 3:57, FSA, are apparent.

attached as appendix G



If there is any qualifying holding also:

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

- a A statement of the size of the qualifying holding.
- b Data allowing assessment of compliance with the provisions contained in Section 3:99, FSA, regarding the integrity of the applicant or the holder of a declaration of no-objection who might determine or co-determine the policies of the corporation concerned based on the qualifying holding.
- c Documents demonstrating the financial position and the legal group structure of the applicant or the holder of a declaration of no-objection

attached as appendix H



or

the 'Application form for a declaration of no-objection in respect of a qualifying holding in a bank, management company of an corporation for collective investment in transferable securities, collective investment scheme or insurer with its registered office in the Netherlands' is being sent separately



13 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

Place

Name and position

Signature

Date

Place

Name and position

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.