

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 18(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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Legal form of insurer

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

Address of branch in the Netherlands

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

A certified copy of the insurer's articles of association\*

*attached as appendix A*

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

**7 Data as referred to in Section 18(i), under g, FSA Decree on Market Access of Financial Corporations**

a A programme of activities that the insurer intends to carry on from the branch in the Netherlands (for more details about the content of the programme of activities, see Section 22, 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.

- |   |                                  |                       |     |   |                       |
|---|----------------------------------|-----------------------|-----|---|-----------------------|
| 1 | Ongevallen                       | <input type="radio"/> | 10a | Aansprakelijkheid motorrijtuigen        | <input type="radio"/> |
| 2 | Ziekte                           | <input type="radio"/> | 10b | Aansprakelijkheid wegvervoer            | <input type="radio"/> |
| 3 | Voertuigcasco                    | <input type="radio"/> | 11  | Aansprakelijkheid luchtvaartuigen       | <input type="radio"/> |
| 4 | Casco rollend spoorwagematerieel | <input type="radio"/> | 12  | Aansprakelijkheid zee- en binnenschepen | <input type="radio"/> |
| 5 | Luchtvaartuigcasco               | <input type="radio"/> | 13  | Algemene aansprakelijkheid              | <input type="radio"/> |
| 6 | Casco zee- en binnenschepen      | <input type="radio"/> | 14  | Krediet                                 | <input type="radio"/> |
| 7 | Vervoerde zaken                  | <input type="radio"/> | 15  | Borgtocht                               | <input type="radio"/> |
| 8 | Brand en natuurevenementen       | <input type="radio"/> | 16  | Diverse geldelijke verliezen            | <input type="radio"/> |
| 9 | Andere schade aan zaken          | <input type="radio"/> | 17  | Rechtsbijstand                          | <input type="radio"/> |
|   |                                  |                       | 18  | Hulpverlening                           | <input type="radio"/> |

**8 Data as referred to in Sections 18(i), under h and 18(i), 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

\*\* 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](http://www.dnb.nl))

**9 Data as referred to in Section 18(i), 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(i), FSA

*attached as appendix D*

**10 Data as referred to in Section 18(i), 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(i), under l, 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(i), FSA

*attached as appendix F*

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

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

*attached as appendix G*

**13 Data as referred to in Section 18(i), under m of the 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\*,
- (ii) an extract of the legal person's entry in the Trade Register\*\*\*; and
- (iii) 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(i), under n and 18(i), 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(i), 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, as referred to in Section 3:57(1), FSA, of the insurer's branch is apparent

*attached as appendix J*

**16 If the insurer also carries on class 10A (Motor Vehicle Liability)**

- a Written proof confirming that the insurer is affiliated with the office as referred to in Section 2.6 of the Motor Vehicle Liability Insurance Act (*Wet aansprakelijkheidsverzekering Motorrijtuigen*).
- b Written proof confirming that the insurer has registered with the Dutch Motor Traffic Guarantee Fund (*Waarborgfonds Motorverkeer*) in order to comply with its obligations towards that fund by virtue of Sections 24(i) and 24a(i), Motor Vehicle Liability Insurance Act.
- c The names and addresses of the loss adjusters as referred to in Section 4:70(2), FSA.

*attached as appendix K*

\* 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

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

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

17 Data as referred to in Section 21, FSA Decree on Market Access of Financial Corporations

If the case of a Class 18 application (Legal Assistance), also:

A description of the organisation of the operations that demonstrates that staff members who are engaged in legal assistance claims settlements or providing legal advice with regard to such claims settlements, shall not at the same time be engaged in the same or similar activities on behalf of another insurer having financial, commercial or economic links with the first insurer and the apursuit of one or more of the other classes of insurance\*\*\*\*

The claims settlement office, as referred to in Section 4:65(i), under b, FSA\*\*\*\*\*

The provisions as referred to in Section 4:65(i), under c, FSA

attached as appendix K

If the insurer also carries on non-class 18 business (tick as applicable):

The claims settlement office, as referred to in Section 4:65(i), under b, FSA\*\*\*\*\*

The provisions, as referred to in Section 4:65(i), under c, FSA

attached as appendix L

18 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

Date

Place

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.

\*\*\*\* This description may be part of the description submitted on the basis of question 10 of this form. \*\*\*\*\* With regard to the claims settlement office, the following must also be submitted: a description of the organisation of the operations that demonstrates that staff members and board members who are engaged in legal assistance claims settlements or providing legal advice with regard to such claims settlements, shall not at the same time be engaged in the same or similar activities on behalf of another class of an insurer having financial, commercial or economic links with the first insurer.