

7 Data as referred to in Sections 12(1), under g and 12(1), under h, FSA Decree on Market Access of Financial Corporations

Persons who have not yet been tested for integrity

- a Completed integrity test forms and curricula vitae of the persons who determine the insurer's day-to-day policy *
Names of persons (last name, initial(s)):

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attached as appendix C1

number of forms included:

- b Completed integrity test forms for the persons who determine or co-determine the insurer's policy (insofar as these persons have not already provided data on the basis of section a)*
Names of persons (last name, initial(s)):

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attached as appendix C2

number of forms included:

Persons who have already been tested for integrity

- c Persons who determine the insurer's day-to-day policy:
 - a name, date of birth, place of birth, nationality, private address, telephone and fax number and position;
 - b curriculum vitae;
 - c list of relevant diplomas;
 - d copy of valid proof of identity; and
 - e list of referees.

Names of persons (last name, initial(s)):
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attached as appendix D

- d Persons other than under c:

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

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 F

* You can download the integrity test form from our website (www.dnb.nl).

10 Data as referred to in Section 12(i), 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(i), FSA

attached as appendix G

11 Data as referred to in Section 12(i), 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 H

12 Data as referred to in Section 15, under a, FSA Decree on Market Access of Financial Corporations

- 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 I

If there is any qualifying holding also:

13 Data as referred to in Section 12(i), 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 2:126, 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 undertaking 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 J

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

or
not applicable

14 Signing by the authorised person(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.