



**3 Data as referred to in Section 17, under c, FSA Decree on Market Access of Financial Corporations**

Data from which the expected solvency of the insurer's entire business is apparent

*attached as appendix B*

**4 Data as referred to in Section 3:24, FSA**

Data showing that the insurer:

- a is a legal person under the law of the country where its registered office is located;
- b is authorized to carry on the business of life insurer in the country where its registered office is located;
- c actually carries on this business from a branch in that country.

*attached as appendix C*

**5 Signature of 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](mailto:info@dnb.nl).  
From outside the Netherlands please call +31 20 524 91 11.