

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 25(1), under a, FSA Decree on Market Access of Financial Corporations

Name of insurer according to articles  
of association

Trading name(s) of insurer

Legal form of insurer

Registered office of insurer

Address of insurer

Address of branch providing services

Telephone number

Fax number

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#### 2 Data as referred to in Section 25(1), under b, FSA Decree on Market Access of Financial Corporations

A statement from the supervisory authority of the member state where the insurer's branch that will be providing services in the Netherlands is located, specifying the classes in which the insurer is authorised to carry on business.

attached as appendix A

#### 3 Data as referred to in Section 25(1), under c, FSA Decree on Market Access of Financial Corporations

A statement showing the nature of the risks the insurer intends to cover in the Netherlands

attached as appendix B

#### 4 Data as referred to in Section 25(1), under d, 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 C

In the case of a Class 10a application (Motor Vehicle Liability), also:

**5 Data as referred to in Section 25(2), 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(t) and 24a(t) of the 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 D*

or  
*not applicable*

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