

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

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 of Market Access of Financial Corporations**

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

attached as appendix A

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

a A programme of activities which 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

\* If the original is unavailable in Dutch or English, a certified translation in either of these languages must also be enclosed.

b In the list below tick the box for the class(es) for which authorisation is being requested.

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| 1 Accident insurance                   | <input type="checkbox"/> | 10a Motor vehicle liability insurance  | <input type="checkbox"/> |
| 2 Health insurance                     | <input type="checkbox"/> | 10b Road transport liability insurance | <input type="checkbox"/> |
| 3 Motor vehicle insurance              | <input type="checkbox"/> | 11 Aircraft liability insurance        | <input type="checkbox"/> |
| 4 Railway rolling stock insurance      | <input type="checkbox"/> | 12 Marine liability insurance          | <input type="checkbox"/> |
| 5 Aircraft hull insurance              | <input type="checkbox"/> | (sea, lake & river, and canal vessels) | <input type="checkbox"/> |
| 6 Marine hull insurance                | <input type="checkbox"/> | 13 General liability insurance         | <input type="checkbox"/> |
| (sea, lake & river, and canal vessels) | <input type="checkbox"/> | 14 Credit insurance                    | <input type="checkbox"/> |
| 7 Goods-in-transit insurance           | <input type="checkbox"/> | 15 Suretyship                          | <input type="checkbox"/> |
| 8 Fire and natural forces insurance    | <input type="checkbox"/> | 16 Pecuniary loss insurance            | <input type="checkbox"/> |
| 9 Other property damage insurance      | <input type="checkbox"/> | 17 Legal assistance insurance          | <input type="checkbox"/> |
|  |                          | 18 Assistance                          | <input type="checkbox"/> |

**8 Data as referred to in Section 10(1), under h and i, 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 daily policy of the insurer's branch\*\*

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

.....  
 .....  
 .....

*attached as appendix C1*

number of forms included

.....

b Completed integrity test forms of the persons who determine or co-determine the policy of the insurer's branch (insofar as these persons have not already provided data under a)\*\*

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

.....  
 .....  
 .....

*attached as appendix C2*

number of forms included

.....

**Persons who have already been tested for integrity**

c Persons who determine the daily policy of the insurer's branch:

- a name, date of birth, place of birth, nationality, private address, telephone and fax numbers, 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)):

.....  
 .....  
 .....

*attached as appendix D*

\*\* The integrity test form may be downloaded from DNB's website ([www.dnb.nl](http://www.dnb.nl)).

d Persons other than under c:  
Names of persons (last name, initial(s)):

.....  
.....  
.....

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

A description of the proposed policy to secure sound operations, as referred to in Section 3:10(1), FSA

*attached as appendix E*

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

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

*attached as appendix G*

**12 Data as referred to in Section 18(1), under m, 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) a copy of this 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*

**13 Data as referred to in Section 18(1), under n and o, FSA Decree on Market Access of Financial Corporations**

**A legal representative who has not yet been tested for integrity**

Completed integrity test form and curriculum vitae of the representative of the insurer or the natural person as referred to in Section 3:47(5), FSA\*\*

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

.....  
.....  
.....  
.....

**A legal representative who has already been tested for integrity**

- a name, date of birth, place of birth, nationality, private address, telephone and fax numbers, and position;
- b curriculum vitae;
- c list of relevant diplomas;
- d copy of valid proof of identity; and
- e list of referees.

.....

\* If the original is unavailable in Dutch or English, a certified translation in either of these languages must also be enclosed.  
\*\* The integrity test form may be downloaded from DNB's website ([www.dnb.nl](http://www.dnb.nl)).  
\*\*\* This copy should be recent, reflecting the current situation.

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

Documents showing the own funds of the insurer's branch, as referred to in Section 3:53(i), FSA, on the basis of which compliance may be assessed with the provisions of that Section, and showing the expected solvency of the insurer's branch, as referred to in Section 3:57 (i), FSA

*attached as appendix J*

**15 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.