

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

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 declaration from the regulatory authority of the Member State where the branch is established from which the insurer intends to provide services to the Netherlands, showing through what branches the insurer is authorised to carry on its 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 list of the nature of the contracts which the insurer intends to conclude.

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

4 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 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Date [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Place .....

Place .....

Name and position .....

Name and position .....

Signature

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Signature

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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.