

Notification form

for provision of services by a life insurer with registered office in the $\ensuremath{\mathtt{EEA}}$ from a branch outside the $\ensuremath{\mathtt{EEA}}$

Section 2:39, Financial Supervision Act (FSA) (Wet op het financieel toezicht /Wft)

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.

I	General data		
	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		
2	Data as referred to in Section 19, under a, FSA Decree on Market Access of Financial Corporations		
	(i) stating that the insurer has the required sol (ii) stating that the authorisation granted by it Member State where the branch is established	to the insurer allows the insurer to provide services from the	
	attached as appendix A	0	
3	Data as referred to in Section 19, under b, 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		

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	Signature		
Please send the completed and signed form, with any appendices, to:			

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 II.