

## Notification form

*For provision of services by a reinsurer with registered office outside the EER into the Netherlands*

DeNederlandscheBank

EUROSYSTEEM

Section 2:26f, Financial Supervision Act (FSA)  
(Wet op het financieel toezicht/Wft) Artikel 2:26f 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 General Data Protection Regulation (Algemene Verordening Gegevensbescherming/AVG). The Dutch Data Protection Authority (De Autoriteit 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.

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### 1 Data as referred to in Section 11e(1), under a, FSA Decree on Market Access of Financial Corporations

Name of reinsurer	_____
Address of reinsurer	_____
Name contact person	_____
Telephone number contact person	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
E-mail address of contact person	_____
Website of reinsurer	_____

### 2 Data as referred to in Section 11e(1), under b, FSA Decree on Market Access of Financial Corporations

Legal form of reinsurer	_____
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### 3 Data as referred to in Section 11e(1), under c, FSA Decree on Market Access of Financial Corporations

Name of reinsurer according to Articles of Association	_____
Trading name(s) of reinsurer	_____
Registered office of reinsurer	_____

### 4 Data as referred to in Section 11e(1), under d, FSA Decree on Market Access of Financial Corporations

Registration number in the Trade Register of the Chamber of Commerce	_____
LEI-code	_____

### 5 Data as referred to in Section 11e(1), under e, FSA Decree on Market Access of Financial Corporations

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

\_\_\_\_\_  Attached as appendix A

### 6 Data as referred to in Section 11e(1), under f, FSA Decree on Market Access of Financial Corporations

Address of reinsurer's registered office	_____
Address of the branch from which the services will be provided	_____

#### 6.1 Please name the parties the reinsurer intends to conduct cross border activities with

1.	_____
2.	_____
3.	_____
4.	_____

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

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### 7 Data as referred to in Section 11e(1), under g, FSA Decree on Market Access of Financial Corporations

Documents confirming the reinsurer's authorization to carry on the direct business of reinsurer in the country where its registered office is located, as well the activity(-ies) of which the reinsurer is authorised to carry on its business.\*

\_\_\_\_\_  Attached as appendix B

### 8 Data as referred to in Section 11e(1), under h, FSA Decree on Market Access of Financial Corporations

Documents confirming that the reinsurer actually carries on the direct business of reinsurer in the country where its registered office is located. \*

\_\_\_\_\_  Attached as appendix C

### 9 Data as referred to in Section 11e(1), under i, FSA Decree on Market Access of Financial Corporations

Data from which the expected solvency of reinsurer's entire business, as referred to in Section 3:57(1), FSA, is apparent.

9.1 Please indicate which situation applies to the reinsurer:

- A  A reinsurer domiciled in a country declared equivalent by the European Commission, or  
A reinsurer domiciled in a state designated by the Dutch Minister of Finance
- B  A reinsurer to which none of the above applies.

9.2 The solvency standard to be applied by category A and B reinsurers:

**Reinsurer category A:** the reinsurer must demonstrate that the solvency requirements have been met, calculated on the basis of the solvency requirements of the home state.

**Reinsurer category B:** the reinsurer must demonstrate that the solvency requirements have been met, calculated on the basis of the Solvency II standard formula.\*\*

\_\_\_\_\_  Attached as appendix D and E\*

9.3 Forecast

The reinsurer (category A and B) must demonstrate the expected solvency for the next three years. This also has to be calculated on the basis of its applicable solvency requirements ex category A or B.

\_\_\_\_\_  Attached as appendix F\*

### 10 Data as referred to in Section 11e(1), under j, FSA Decree on Market Access of Financial Corporations

A programme showing the nature of the risks the reinsurer intends to cover.

\_\_\_\_\_  Attached as appendix G\*

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

\*\* A substantiation in the form of an assessment of an independent expert (for example by means of a statement from an external auditor or a report from an actuarial firm) demonstrating the SCR ratio (and consequently that the solvency requirement will be met) calculated on the basis of the Solvency II standard formula (as referred to in Article 103 of the Solvency II Directive);

**and**

A substantiation how the reinsurer ensures the organization is structured in such a way that it can stay compliant with the requirements of Section 3:57(4) of the Wft as mentioned below.

**Please note:** pursuant to Section 3:57(4) of the Wft, the reinsurer (category A and B) must be able to frequently monitor the SCR ratio and has to inform DNB if it no longer meets the solvency requirement or has reason to believe it will no longer comply in the future.

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### 11 Signature(s) of the 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 GDPR (General Data Protection Regulation) 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	<input type="text"/>
Place	<input type="text"/>
Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>

You can download this form, from the DNB website [Forms Manual \(dnb.nl\)](#), complete it and upload it together with the other documents referred to via the application form 'Other licence application forms, registration forms and notification forms Market Access' in the My DNB portal.

If you have any questions, please contact DNB's Information Desk on 0800 – 020 10 68 (from outside the Netherlands +31 20 000 00)