

8 Data as referred to in Section 24(1), under h, FSA Decree on Market Access of Financial Corporations

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

attached as appendix C



9 Data as referred to in Section 24(1), under i, FSA Decree on Market Access of Financial Corporations

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

attached as appendix D



10 Data as referred to in Sections 24(1), under j and 24(1), under k, FSA Decree on Market Access of Financial Corporations

- a Completed and signed Prospective appointment notification forms and Integrity test forms each of the persons who determine or co-determine the policy of the insurer's branch, (i.e. managing directors and other policy makers), to the extent applicable together with completed and signed Integrity test forms with the requested enclosures **

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

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

Number of Prospective appointment notification forms included:

.....

Number of Integrity test forms included:

.....

attached as appendix E1



- b Completed and signed Prospective appointment notification forms of each of the persons who form part of a body within the insurer's branch that is entrusted with the supervision of the policies and general course of events of the insurer's branch (such as supervisory directors), to the extent applicable together with completed and signed Integrity test forms with the requested enclosures **

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

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

Number of Prospective appointment notification forms included:

.....

Number of Integrity test forms included:

.....

attached as appendix E2



* If the original documents were not drawn up in Dutch or English, please also submit a certified translation into one of these languages.

** The integrity test form is only applicable for persons who have not yet been tested for integrity

You can download the integrity test forms and the prospective appointment notification form from our website (www.dnb.nl)

11 Data as referred to in Section 24(1), under 1, FSA Decree on Market Access of Financial Corporations

- a A programme showing the nature of the contracts the insurer intends to enter into

attached as appendix F

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- b In the list below tick the box for the class(es) which is (are) applicable.

Division into non-life classes in accordance with the Classes Annex of the FSA

1 Accident insurance

☐

2 Health insurance

☐

3 Motor vehicle insurance

☐

4 Railway rolling stock insurance

☐

5 Aircraft hull insurance

☐

6 Marine hull insurance (sea, lake & river and canal vessels)

☐

7 Goods-in-transit insurance

☐

8 Fire and natural forces insurance

☐

9 Other property damage insurance

☐

10a Motor vehicle liability insurance

☐

10b Road transport liability insurance

☐

11 Aircraft liability insurance

☐

12 Marine liability insurance (sea, lake & river and canal vessels)

☐

13 General liability insurance

☐

14 Credit insurance

☐

15 Suretyship

☐

16 Pecuniary loss insurance

☐

17 Legal assistance insurance

☐

18 Assistance

☐

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

12 Data as referred to in Section 15, under a, 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(1) and 24, under a (1), of the Motor Vehicle Liability Insurance Act.
- c The names and addresses of the loss adjusters as referred to in Section 4:71(2), FSA

attached as appendix G

☐

or

not applicable

☐

13 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 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

Date

Place

Name and position

Signature

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.
From outside the Netherlands please call +31 20 524 91 11.