

Notification form

for provision of services by a non-life insurer with registered office outside the EER from a branch outside the EER

Sections 2:45(2), 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 personsgegevens / Wbp). The Dutch Data Protection Authority (College Bescherming Personsgegevens) 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.

Data as referred to in Section 24(1), under a, FSA Decree on Market Access of Financial Corporations					
Name of insurer					
Trading name(s) of insurer					
Address of insurer					
Telephone number					
Fax number					
Data as referred to in Section 24(1), under b, FSA Decree on Market Access of Financial Corporations					
Legal form of insurer					
3 Data as referred to in Section 24(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					
Data as referred to in Section 24(1), under d, FSA Decree on Market Access of Financial Corporations					
Registration number in the Trade Register of the Chamber of Commerce					
Data as referred to in Section 24(1), under e, FSA Decree on Market Access of Financial Corporations					
A certified copy of the insurer's articles of association*					
attached as appendix A O					
Data as referred to in Section 24(1), under f, FSA Decree on Market Access of Financial Corporations					
Address of insurer's registered office					
Address of branch providing services					
Data as referred to in Section 24(1), under g, FSA Decree on Market Access of Financial Corporations					
Documents confirming the insurer's authorization to carry on the direct business of insurer in the country where its registered office is located, as well as the classes in which the insurer is authorised to carry on its business.*					
attached as appendix B					

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

8]	Data as referred to in Section 24(1), under h, FSA Decree on Market Access of Financial Corporations				
	Documents confirming that the insurer actu ts registered office is located.*	ally carries on the direct business of insurer in the country where			
	attached as appendix C				
9 l	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 apparent	he insurer's entire business, as referred to in Section 3:57(1), FSA, is			
4	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			
ć	persons who determine or co-determine t	ntment notification forms and Integrity test forms each of the he policy of the insurer's branch, (i.e. managing directors and able together with completed and signed Integrity test forms with			
	Names of persons (last name, initial(s)):				
	Number of Prospective appointment notification forms included:				
	Number of Integrity test forms included:				
	attached as appendix E1	0			
1	of a body within the insurer's branch tha	ntment notification forms of each of the persons who form part t is entrusted with the supervision of the policies and general such as supervisory directors), to the extent applicable together 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	0			

^{*} If the original documents were not drawn up in Dutch of 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)

пΙ	Data as referred to in Section 24(1), under I, FSA Decree	on Market Acce	ess of Financial Corporations			
a	A programme showing the nature of the contracts the insurer intends to enter into					
	attached as appendix F					
ł	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	\circ	10b Road transport liability insurance			
	2 Health insurance	0	11 Aircraft liability insurance			
	3 Motor vehicle insurance	\bigcirc	12 Marine liability insurance (sea,			
	4 Railway rolling stock insurance	0	lake & river and canal vessels)			
	5 Aircraft hull insurance	Ö	13 General liability insurance			
	6 Marine hull insurance (sea, lake & river and canal v	essels)	14 Credit insurance			
	7 Goods-in-transit insurance	O	15 Suretyship			
	8 Fire and natural forces insurance	Ö	16 Pecuniary loss insurance			
	9 Other property damage insurance	O	lake & river and canal vessels) 13 General liability insurance 14 Credit insurance 15 Suretyship 16 Pecuniary loss insurance 17 Legal assistance insurance 18 Assistance			
	10a Motor vehicle liability insur	0	18 Assistance			
ł	 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					
- -						
T a	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.					
I	Date	D	Date			
I	Place	Pl	lace			
1	Name and position	<u>N</u>	Name and position			
	ignature	Si	ignature			
		::::				
F	lease send the completed and signed form, with any appendices, t	o:				

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.