

Notification form

for provision of re-insurance services by a life or non-life insurer with registered office outside the EER
Section 2:45 (2) Financial Supervision Act (FSA) (Wet op het financieel toezicht)

DeNederlandscheBank

EUROSYSTEEM

Quality of the application

Please fill in this form completely and attach all annexes that the form asks you to include. Please tick the boxes at the relevant questions to confirm that you will indeed include the annex concerned and state the total number of included annexes at the end of the form. Please also fill in the annexes correctly and in full.

Expert Centre on Market Access

Due care in handling personal details

We will handle the data submitted on this form with due care. We may exchange your data with third parties only if this is permitted by law, for example with supervisors and criminal justice authorities in the Netherlands or abroad.

Change in circumstances

You must inform us promptly and on your own initiative of any change in circumstances that would cause you to answer the questions below differently.

1 Details of the insurer

1.1	Name of insurer	
1.2	Trading name(s) of insurer	
1.3	Address of insurer	
1.4	Telephone number of insurer	
1.5	Faxnumber of the insurer	
1.6	Email address of insurer	
1.7	Website of insurer	
1.8	Legal form of the insurer	
1.9	Date of incorporation	
1.10	Statutory name of the insurer	
1.11	Address of registered office of the insurer	
1.12	Trade Register registration number	
1.13	A certified copy of the insurer's articles of association	
	Attached as Annex A	<input type="checkbox"/>

2 Details of the current authorisation in the country where the insurer's registered office is located.

Please note that only life- or non-life insurers with a registered office outside the EER who do not qualify as an insurer with limited exposure are permitted to offer cross border re-insurance services to the Netherlands, provided they submit the following documents.

2.1 Documents* confirming the insurer's authorisation to carry on the business of reinsurer in the country where its registered office is located, as well the activity(ies) of which the insurer is authorized to carry on its business.

☐ Attached as Annex B

2.2 Documents* confirming that the insurer actually carries on the business of reinsurer in the country where its registered office is located, as well the activity(ies) of which the insurer is authorised to carry on its business.

☐ Attached as Annex C

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

☐ Attached as Annex D

2.4 A programme showing the nature of the risks the insurer intends to cover into reinsurance in the Netherlands.

☐ Attached as Annex E

2.5 A three-year projection of the expected gross written premiums and technical provisions per insurance class.

☐ Attached as Annex F

3 Signature(s) of the authorises representative(s) Section

The undersigned declare(s) that this notification form and the attached annexes have been completed fully and truthfully.

By signing this notification form, the undersigned declare(s) to have fully comprehended the nature, content and scope of the form.

The undersigned also declare(s) to have taken notice of the above information.

Date		Date	
Place		Place	
Name		Name	
Position		Position	
Signature		Signature	

Please also initial all following pages individually.

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

De Nederlandsche Bank, Expert Centre for Market Access mailbox: thirdcountryinsurers@dnb.nl

If you have any questions, please contact the Information Desk of De Nederlandsche Bank on 0800- 0201068 (from outside the Netherlands +31 20 000000) or send an e-mail to info@dnb.nl.

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