

## Application form for authorisation of a reinsurer with registered office in the Netherlands

Section 2:26a, 2:26b, Financial Supervision Act (Wet op het financieel toezicht or 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). 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.

I	Data as referred to in Section 11a(1) under a, FSA Decree on Market Access of Financial Corporations		
	Name of reinsurer		
	Address of reinsurer		
	Telephone number		
	Fax number		
2	Data as referred to in Section 11a(1) und	er b, FSA Decree on Market Access of Financial Corporations	
	Legal form of reinsurer:		
	Naamloze vennootschap		
	Onderlinge waarborgmaatschappij		
	Europese vennootschap		
3	Data as referred to in Section IIa(I) und  Name of reinsurer according to articles of association	ler c, FSA Decree on Market Access of Financial Corporations	
	Trading name(s) of reinsurer		
	Registered office of reinsurer		
4	Data as referred to in Section 11a(1) under d, FSA Decree on Market Access of Financial Corporations		
	Registration number in the Trade Registor of the Chamber of Commerce	₹T	
5	Data as referred to in Section 11a(1) und	ler e, FSA Decree on Market Access of Financial Corporations	
	A certified copy of the articles of associa Attached as Appendix A	ition of the reinsurer*	

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

	e reinsurer intends to carry out (For more details about the content of
the programme of activities, see Secti Attached as Appendix B	on 11b Wft Decree on Market access of financial undertakings)
11. Marie W. 11ppenasa B	<u> </u>
b Please indicate below for which activi	ties authorisation is being requested by ticking the relevant box(es).
Life reinsurance	0
Prepaid funeral services insurance	<u> </u>
Non-life reinsurance	
Data as referred to in Section 11a(1) und	ler g and h, FSA Decree on Market Access of Financial Corporations
Completed and signed Prospecive appointment notification forms and Integrity test forms each of the persons who determine or co-determine the policy of the reinsurer (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 include	led:
Attached as Appendix C	
a body within the and Integrity test for	
Number of Prospective appointment Notification forms included:	
Number of Integrity test forms include	led:
Attached as Appendix D	O
Data as referred to in Section 11a(1), und	der i, FSA Decree on Market Access of Financial Corporations
A description of the proposed policies to Attached as appendix E	o secure sound operations, as referred to in Section 3:10(1), FSA
21 инглеи из иррениих E	

<sup>\*</sup> 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)

A description of the control structure, as referred to in Section 3:16, F  Attached as appendix F	7SA		
ata as referred to in Section 11a(1), under k, FSA Decree on Market Access of Financial Corporations			
A description of the organisation of the operations to secure controll	led and sound operations as referred to in		
Section 3:17(1), FSA  Attached as appendix G			
Data as referred to in Section 11a(1), under l, FSA Decree on Market Access of Financial Corporations			
Documents from which own funds of the reinsurer as referred to in S and from which the expected solvency of the reinsurer as referred to	Section 3:53(1), FSA, are apparent in Section 3:57(1), FSA, is apparent		
Attached as appendix H			
Data as referred to in Section 11a(1), under m, FSA Decree on Marke	et Access of Financial Corporations		
a The 'Application form for a declaration of no-objection in respect of a qualifying holding in a bank, management company of an undertaking for collective investment in transferable securities, collective investment scheme or insurer with its registered office in the Netherlands' is being sent separately or			
b Not applicable			
Signature authorised representative(s)			
The undersigned declare(s) to have taken note of the aforementioned personal data in conformity with the provisions of the Wbp and the answers to the questions asked.  The undersigned declare(s) to have filled in this questionnaire and the	obligation to notify any changes in the		
Date	Date		
Place	Place		
Name	Name		
Position	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.