Application form

for an insurer with a branch¹ in the Caribbean Netherlands (Section 2:1(1)(b) of the BES Financial Markets Act (Wet financiële markten BES - Wfm BES).



De Nederlandsche Bank (DNB) will record the data submitted on the application form in a personal data processing system within the meaning of the Personal Data Protection Act (Wet bescherming personsgegevens - Wbp) or the Personal Data Protection (BES) Act (Wet bescherming persoonsgegevens BES) - Wbp BES). Our personal data processing system has been registered with the Dutch Data Protection Authority (Autoriteit Persoonsgegevens - Dutch DPA). The registration form is available for inspection at our offices.

DNB will exercise due care in handling your data. We may exchange your data with third parties only if this is permitted by law, e.g. with supervisory and criminal justice authorities in the Netherlands or abroad.

You are responsible for informing us promptly of any change in circumstances that would cause you to answer the questions below differently.

Please indicate on the form which documents you have enclosed by ticking the relevant boxes.

General information within the meaning of Section 2:2 of the Financial Markets (BES) Decree (Besluit financiële markten BES – Bfm BES):

A) Branch details	
Name of insurer	_
Address of insurer	
Postal address of insurer	
Public body²	_ □ Bonaire □ Sint Eustatius □ Saba
Telephone number	
Email address	
Website	
B) Head office details	
Legally registered name	
Trade name	
Registered office	☐ Curação ☐ Sint Maarten ☐ Other (please specify)
Registered address	
Postal address	
Telephone number	
Email address	<u> </u>
Website	

Please tick as applicable 80-116

Branch: part of a financial enterprise without legal personality permanently established outside the state of the credit institution's registered office.



Chamber of Commerce extract	Attached as Annex A
Authenticated copy of the Articles of Association	Attached as Annex B
Statement from the supervisory authority of the state of the insurer's registered office ³ showing that the insurer is authorised to perform the activities subject to licence as referred to in Section 3:2 of the Wfm BES.	
Statement of supervisory authority	Attached as Annex C
Does the insurer have branches in other	r countries?
□No	
Yes (please specify):	
Name of branch	
Business address	
Notes	
Name of branch	
Business address	
Notes	



Nature of insurance business (Section 1:1 of the Wfm BES) Please tick as applicable Life insurance; \square Non-life insurance, including statement of branches as referred to in Section 4:26 of the Wfm BES i. Accident and health ii. Motor vehicles* iii. Marine, transport and aviation iv. Fire & other property damage Ov. Other non-life insurance. O Indication of any additional risks insured (Section 4:26(3) of the Wfm BES) * Note: Pursuant to Section 4:32 of the Wfm BES, an insurer offering insurance to cover thirdparty liability arising from the use of motor vehicles must comply with the requirements set out in the BES Motor Vehicle Liability Insurance Act (Wet aansprakelijkheidsverzekering motorrijtuigen BES) with regard to the conditions of insurance. ☐ Benefits-in-kind funeral insurance * Pursuant to Section 4:25 of the Wfm BES it is prohibited to combine life and non-life insurance activities in a single legal entity. Did the insurer conduct business No activities in the past in the Netherlands Yes (please explain): or in the former Netherlands Antilles? Do you use the services of agents or ☐ No intermediaries? Yes (please explain):

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	on 2:17 of the Bfm BES in conjunction with Section 2:1(2) of the 2012 (Regeling financiële markten BES 2012 – Rfm BES)
Will the sum of gross premiums received by the branch in the most recently completed financial year be less than USD 35 million?	☐ Yes ☐ If no, what is the amount of the gross premiums to be received?
Will the insurer's branch office focus exclusively or primarily on residents or enterprises with registered offices in the BES area, Curaçao or Sint Maarten?	☐ Yes (please explain):
	☐ No (please explain):



4 Integrity and fitness (Sections 3:4 and 3:5 of the Wfm BES)

Integrity and fitness of day-to-day policymakers (Sections 3:4 and 3:5 of the Wfm BES)

Every day-to-day policymaker of an insurer must complete the Integrity and Fitness assessment questionnaire and submit it together with the enclosures specified in the questionnaire, such as a CV and a copy of their passport.

The policymakers are:								
Full name:				Da	ate	of	bir	th
			 بال					
		」 _						
		」_]					
Number of Integrity and Fitness assessment questionnaires enclosed	Attached as Annex D1							
Co-policymakers (information as referred twith Sections 3:1 to 3:3 of the Bfm BES)	to in Section 3:4 of the Wfm BES in conjunction							
questionnaire and submit it together with the e								
The co-policymakers are:								
Full name:				Da	ate	of	bir	th
		_	 					
		_]					
		_]		<u></u> .			
		」_	 					
Number of assessment questionnaires								
enclosed	Attached as Annex D2							



(Section 2:2(f) of the Bfm BES	ns the insurer intends to conduct in the BES area S)
Life insurance;	
A life insurer's programme of operareferred to in Section 2:5 of the Bfm	ations must include the information n BES
The programme of operations	Attached as Annex E1
☐ Non-life insurance;	
A non-life insurer's programme of or referred to in Section 2:6 of the Bfm	operations must include the information 1 BES
The programme of operations	Attached as Annex E1
☐ Benefits-in-kind funeral insu	rance;
	programme of operations must include
The programme of operations	Attached as Annex E1
If the insurer is part of a larger enti	he group of which the insurer belongs ty, provide the name and address of the
•	
If the insurer is part of a larger enti parent company here	ty, provide the name and address of the
If the insurer is part of a larger enti parent company here	ty, provide the name and address of the
If the insurer is part of a larger enti parent company here Name	ty, provide the name and address of the Address
If the insurer is part of a larger enti parent company here Name	ty, provide the name and address of the
If the insurer is part of a larger enti parent company here Name	ty, provide the name and address of the Address
If the insurer is part of a larger entiparent company here Name Trade Register registration number	ty, provide the name and address of the Address r and location of Trade Register for the parent company
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7	Sound and ethical operational management (Sections 3:8 and 3:9 of the
	Wfm BES and Sections 3 and 4 of the Bfm BES)

8

The insurer must have an adequate policy in ethical operational management and struct. The insurer must submit the following docu	ure its operations appropriately.		
A.			
A current procedures manual in accordance Sections 3 and 4 of the Bfm BES with respect administrative organisation and internal corcase address the following areas: integrity a compliance officer, customer acceptance, confict, reporting suspected transactions with resunctions legislation, incidents procedure, prof interests and risk management.	to the description of the ntrols. The manual must in any wareness in corporate culture, ompliance with the Sanctions espect to terrorist financing and	☐ Attached as Annex F1	
В.			
 An up-to-date business plan, addressing in a the insurer's mission and objectives; SWOT analysis; number of locations on each island and deployment of local partners and opera A projected transaction volume (broken transactions) per public body; financial projections for the next three y statements. 	address details; ting procedure; I down into Send and Receive		
		☐ Attached as Annex F2	
C. An overview of where the relevant requirem Bfm BES can be found, i.e. in which procedu procedures manual.		☐ Attached as Annex F3	
Outsourcing to third parties (Sectio Sections 6 of the Bfm BES)	n 3:13 of the Wfm BES and		
If the insurer outsources activities to third p parties comply with the <i>Wfm BES</i> regulation enterprise in carrying out the activities.			
Does the insurer outsource work to third parties:	☐ No ☐ Yes (please explain):		
Copy of the outsourcing agreement:	Attached as Annex G		



An up-to-date organisation chart, with explanations as needed, of the group to which the insurer belongs, showing: a) any and all legal entities, partnerships and natural persons to which the insurer is linked in a economic and/or organisational group; and b) the control structure, including relative controlling powers, both within the insurer and within the group to which the insurer belongs. Attached as Annex H Indicate whether the formal structure Orresponds to the actual structure. Other Contact person Name of contact Position Address Telephone Email address Signing by authorised signatory or signatories I/we, the undersigned, declare that I/we, have taken notice of the aforementioned information about the processing of personal data in accordance with the provisions of the Wbp and the Wbp BES and of the obligation to notify any changes in the answers to the questions in this form. I/we, the undersigned, declare that I/we have filled in this form and any appendices completely and truthfully. Date Place Place Name Position Position		of the Wfm BES)	control structure (Sect	Transparent c
insurer is linked in a economic and/or organisational group; and b) the control structure, including relative controlling powers, both within the insurer and within the group to which the insurer belongs. Attached as Annex H		as needed, of the group		
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Name Name				
POSITION POSITION	 			
	 ·			
Signature Signature		Signature		Signature



Please send the completed and signed form in hardcopy, with all te requested annexes, to:

De Nederlandsche Bank N.V. Expert Centre on Market Access Postbus 98 1000 AB AMSTERDAM

And/or by email as a PDF file to markttoegang@dnb.nl.

If you have any questions, please contact DNB's Information Desk by e-mail at info@dnb.nl