

FORM 5

QUESTIONNAIRE AND UNDERTAKING
TO BE COMPLETED BY EACH
SHAREHOLDER, DIRECTOR OR OFFICER

1. **Name of Applicant Company**

2. **Name of: ultimate beneficial shareholder / director / officer**

3. **Previous names, if any**

4. **Nationality and how acquired**

5. **If the shareholder is a corporate body;**

- **Date and place of incorporation;** _____
- **Ultimate beneficial owners;** _____

If the shareholder is an individual;

- **Date and place of birth.** _____
- **Number of shares held and whether fully paid;** _____
- **Type of voting rights attached to the shares.** _____

6. **Private address or registered address (if a corporate body)**

Business address and telephone no.

7. **Have you ever been a shareholder, director or officer of any company that has been wound up or made any compromise agreement with its creditors?**
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8. **Have you previously been involved, actively or otherwise, in any company in the insurance industry?**
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9. **Have you ever filed for bankruptcy or been bankrupt?**
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10. **Have there been or are there any cease and desist orders, civil or criminal actions against you, or any company of which you have been a shareholder, director or officer, for fraud, negligence, misconduct or malpractice**
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12. **Are you a director or officer of any other company?**
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13. **Are you a shareholder of any other company (other than a company whose shares are listed on a recognized stock exchange)?**
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Additional information required from a proposed director or officer;

- **Position held and area of responsibility.**_____
 - **Resume including any insurance related experience.**
 - **Have you had any disciplinary action taken against you by any professional body, or association?**
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I certify that the information given in this questionnaire is true and correct and that I am fully aware of the business plan submitted with the licence application and the proposed activities of the applicant.

I am aware of the Insurance Act 2005, the Regulations and guidance notes.

Date _____

Signature _____

Name in full

Signature of witness _____ **Date** _____

Name, : _____

Address : _____

Occupation _____

