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| **APPLICATION GUIDELINE AND FORM**  **APPLICATION FOR A LICENCE TO CONDUCT INSURANCE BUSINESS IN SOUTH AFRICA** |

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| **Purpose of this document**  This application form needs to be completed when applying for a licence to conduct insurance business in South Africa. Insurance business means life and / or non-life insurance business conducted or regarded as being conducted in the Republic, and reinsurance business.  Licensing in respect of the Insurance Act, Act 18 of 2018 (the Act) is prescribed by section 23 and is applicable to:   * Insurers; * Reinsurers; * Controlling companies of insurers and reinsurers; * Micro-insurers; and * Branches of Foreign reinsurers.   An application for a licence must be made to the Prudential Authority (PA). In terms of section 126 of the Financial Sector Regulation Act, Act 9 of 2017 (FSRA).  Please note that the PA may not issue a licence without obtaining the concurrence of the Financial Sector Conduct Authority (FSCA).  This application guideline and form is applicable to insurers and reinsurers only. Separate guidelines and forms have been developed for controlling companies, micro-insurers and branches of foreign reinsurers. |

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| **Important information to complete this application form**  Before completing this application form, kindly read the Fact Sheet for Application and Notification Forms (Fact Sheet) that is available on the website of the SARB under the PA tab. The Fact Sheet includes important information regarding amongst others, the consent and declarations required. |

**Purpose of Licensing**

1.1 The PA carries out its functions in relation to insurers, by:

* promoting the maintenance of a sound and efficient insurance sector;
* promoting public confidence in the insurance sector;
* adequately protecting the interests of policyholders and the public; and
* ensuring that any failure, or possible failure, of an insurer does not have the potential to significantly damage the financial system or the economy of South Africa.

1.2 The FSCA’s objective in relation to insurers is to:

* protect financial customers by –
  + promoting fair treatment of financial customers by financial institutions; and
  + providing financial customers and potential financial customers with financial education programs, and otherwise promoting financial literacy and the ability of financial customers and potential financial customers to make sound financial decisions.
* assist in maintaining financial stability.

1.3 The purpose of licensing is to ensure that applicants are fit for business and in the public interest. Applicants will be required to demonstrate that there is sufficient operational, human and financial capacity available to manage the business to be undertaken, both at the time of application and as a going concern, under both normal circumstances and in stress events. Applicants need to further illustrate that frameworks are put in place to ensure the fair treatment of financial customers.

**Use of Professional Advisers**

2.1 Due to the complexity of an insurance licence application, an applicant might deem it necessary to obtain assistance from professional advisers in preparing the application.

2.2 When obtaining the assistance of professional advisers, applicants need to bear the following in mind:

* The applicant must remain closely and actively involved in the application process;
* the PA and the FSCA will hold the applicant, and not the professional advisers, responsible for the accuracy and completeness of the application; and
* while professional advisers can be copied on all correspondence from the PA and the FSCA, it is necessary for all responses to be made by the applicant and not by the professional advisers.

**Legal and policy frameworks**

3.1 All license applications will be considered in terms of the legal and policy frameworks which lay down the requirements and processes to be followed, which includes:

3.1.1 The requirements for a licence as set out in section 22 of the Act read with section 124 of the FSRA;

3.1.2 A licensing application is considered in terms of section 23 of the Act read with section 25 of the Act;

3.1.3 All applications should be considered in a manner which gives effect to section 60 of the Act;

3.1.4 Concurrence between the PA and the FSCA is required in terms of section 126 of the FSRA;

3.1.5 Each license must be published in terms of section 127 of the FSRA;

3.1.6 Applicants should take note of sections 228 and 229 of the FSRA.

3.1.7 Conduct requirements as set out in the Long-term Insurance Act, 1998 (Act No. 52 of 1998) (LTIA) and the Regulations and Policyholder Protection Rules issued under the LTIA; and

3.1.8 Conduct requirements as set out in the Short-term Insurance Act, 1998 (Act No. 53 of 1998) (STIA) and the Regulations and Policyholder Protection Rules issued under the STIA.

**Licensing Process**

***Service Level agreement***

4.1 An insurance licence application is to be considered within 120 days[[1]](#footnote-1) after a completed application has been submitted for consideration. In the case, where the PA or the FSCA request further information/clarification from the applicant, the counting of the 120 day period will be stopped until receipt of the response from the applicant.

***Pre-application meeting***

4.2 A pre-application meeting between the prospective applicant, the PA and the FSCA is recommended and may be required before the PA and the FSCA will assess an application for an insurance licence.

4.3 The meeting will allow the PA and the FSCA to engage the applicant on its proposal to establish an insurer as well as clarifying the information required to be submitted for a licence application.

***Completion of the application form***

4.4. The application form must be properly completed and duly signed.

4.5 Questions must be answered in full or where not applicable it should be indicated as such.

4.6 The signatory / signatories must be duly authorised to make the application.

4.7 The format of the application form or the wording used in the application form may not be changed.

4.8 Answers provided must be typed. Additional rows may be inserted where insufficient space is provided for in the application form.

4.9 The completed application form does not need to be accompanied by any number of copies thereof.

***Submission of application***

4.10 The application must be submitted to the PA. Submissions must be made as follows:

* via e-mail to [**Insurance.NewLicence@resbank.co.za**](mailto:Insurance.NewLicence@resbank.co.za) ; or
* hand delivered to the PA at the following address:

370 Helen Joseph Street

Pretoria Central

Pretoria

0082

***Concurrence with the FSCA***

4.11 Subsequent to receiving a duly completed application, the PA will, in writing, advise the Divisional Executive of the Licensing Division at the FSCA that an application was received and the application and all relevant information will be provided to the FSCA in accordance with the Licensing Protocol entered into between the PA and FSCA.

4.12 In order to ensure a single point of contact in respect of correspondence, the FSCA will forward any questions and/or requests for additional information to the PA. The PA will then in turn request and obtain all information/documentation from the applicant. Therefore all correspondence in respect of a new licence application will be led by the PA. The PA will ensure that all requested information/documentation are shared with the FSCA.

***Recommendation for an insurance licence***

4.13 A recommendation in respect of the licence application will be made by the PA, after receiving concurrence from the FSCA.

4.14 The PA will inform the applicant on the outcome of the decision to grant a licence or not granting a licence.

4.15 If the applicant is successful, a licence certificate will be issued setting out the classes and sub-classes of business the applicant may conduct, as well as any conditions and/or limitations that the PA or the FSCA imposes or may impose.

4.16 The PA will publish a notice of the licence on its official website.

4.17 After the licence has been issued the applicant can start to conduct insurance business in line with the conditions of the licence.

4.18 If the application is not successful, the PA must inform the applicant of such decision, together with the applicants’ rights to request reasons for such a decision.

**General Licence Requirements**

5.1 Section 22 of the Act sets out the requirements for the licensing of an insurer. The primary business activity must be insurance business and operations arising directly therefrom.

5.2 The licencing of an insurer must not be contrary to the interests of prospective policyholders or the public.

5.3 Further to section 22 of the Act, a person must demonstrate that—

* its key persons and significant owners meet the prescribed fit and proper requirements;
* it has a sound and justifiable business plan;
* it has a plan to meet its stated commitments in terms of transformation of the insurance sector, including meeting the targets envisaged by the Financial Sector Code;
* it has adequate operational and management capabilities to conduct the classes and sub-classes of insurance business it wishes to conduct, as set out in Schedule 2 of the Act that;
* if it is part of an insurance group, that its controlling company will be able to meet the requirements for insurance groups as set out in this Act; and
* it will be able to comply with the governance framework requirements, financial soundness requirements and reporting and public disclosure requirements of the Act.

5.4 If the applicant is a state-owned insurer, it will be required to also provide proof that the relevant Minister has approved that the applicant may apply for a licence as per section 22(1)(e) of the Act.

**Financial Soundness Standards and Governance and Operational Standards**

6.1 Please consult the financial soundness and governance and operational standards published on the website of the South African Reserve Bank, setting out the requirements for an insurance licence:

* Financial Soundness Standards For Insurers (FSI);
* Governance and Operational Standards For Insurers (GOI)

**Contact and Basic Information**

**7.1 Contact details of the applicant / applicant’s representative**

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| Title |  |
| First names |  |
| Surname |  |
| Email Address |  |
| Contact Number |  |
| Business address |  |
| Postal address |  |

**7.2 Details of professional advisers**

7.2.1 Have you used third-party advisers to help with the completion of the application form?

**No**

**Yes** 🡺 Complete the remainder of this section.

7.2.2 Provide the name and contact details of the third-party advisers used (i.e. the consultants, auditors, actuaries and/or lawyers).

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| Name of firm |  |
| Title |  |
| First names |  |
| Surname |  |
| Position |  |
| Business address |  |
| Contact number |  |
| Email address |  |

**8. Specific Information**

**8.1 Information on the Applicant**

8.1.1 What type of entity is the applicant?

Public company, as defined by the Companies Act, 2008 (Act No. 71 of 2008).

State owned company, as defined by the Companies Act, 2008 (Act No. 71 of 2008) .

Co-operative registered under the Co-operatives Act, 2005 (Act No. 14 of 2005).

Entity as per section 70 of the Act, i.e. an entity that is exempted from being a public company or a state owned company.

8.1.2 Provide the applicant’s registration number.

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8.1.3 Provide the date of incorporation or formation of the applicant.

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*Attachments:*

* *The required information depends on the nature of the applicant’s legal persona.*
* *Please attach the following taking into account such persona:*

1. *If the applicant will be a state-owned insurer, provide proof that the specific portfolio Minister responsible for the establishment of the state-owned insurer has approved that the applicant may apply for a licence.*
2. *For public companies and state owned companies, attach the Memorandum of Incorporation containing the required clauses as outlined in application form, along with a description of where in the Memorandum of Incorporation the required clauses are contained. If the company is not yet registered, attach a draft of the Memorandum of Incorporation.*
3. *For entities mentioned in Section 70 of the Act, attach the Mutual Founding Document, or equivalent founding instrument, containing the required clauses as outlined in the application form, along with a description of where in the Mutual Founding Document the required clauses are contained. If the applicant is not yet registered, then attach a draft of the Mutual Founding Document, or equivalent founding instrument.*
4. *For Co-operatives, attach a draft of the Memorandum of Incorporation in the case of a Co-Operative not registered as yet. For an existing Co-Operative provide the established Memorandum of Incorporation.*

**8.2 Name of Applicant**

8.2.1 State the full registered name of the applicant.

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8.2.2 State the translations, shortened forms, trading names or derivatives, if any, of the name.

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| Translation |  |
| Shortened form |  |
| Trading name |  |
| Derivative |  |

*Attachments:*

* *Include proof that the proposed name of the insurer has been reserved with the CIPC or alternatively that is has been registered as such.*

**8.3 Financial year-end of Applicant**

8.3.1 Provide the applicant’s financial year-end preferably coinciding with a calendar quarters i.e. March, June, September and December).

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| MM/DD |

* Please note: Where the applicant’s financial year-end does not coincide with a calendar quarter the applicant will be instructed to submit statutory submissions aligned to the calendar quarters

**8.4** **History of Applicant**

8.4.1 Has the applicant ever been refused any authorisation or had any authorisation been revoked previously. Further to this, were any requirements imposed as a condition to continue to carry on insurance business by any regulatory authority?

**No**

**Yes** 🡺 Complete question 8.4.2

8.4.2 Provide a full explanation of the relevant events. Make sure that the explanation includes the following:

* The date of the event; any amounts involved; the outcome and an explanation of the circumstances.

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8.4.3 During the past five years, has the applicant breached **any** legislative or regulatory requirements?

**No**

**Yes** 🡺 Complete question 8.4.4

8.4.4 Provide a full explanation of the relevant events. Make sure that the explanation includes the following:

* the date of the event;
* any amounts involved;
* outcome and the explanation of the circumstances

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**9. Scope of Licence**

**9.1 Business type**

9.1.1What type of insurer is this application made for?

Life Insurer

Non-Life Insurer

Cell Captive Life Insurer

Cell Captive Non-Life Insurer

Life Reinsurer

Non-life Reinsurer

Composite Reinsurer, conducting life and non-life insurance business

**9.2 Classes of Insurance Business**

9.2.1 Specify the classes and sub-classes of **life insurance business** that the applicant will write, where applicable, where the classes and sub-classes are as defined in Schedule 2 of the Act.

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| Class 1: Risk 1(a) Individual Death  1(b) Individual Health  1(c) Individual Disability - lump sum  1(d) Individual Disability – recurring payment  1(e) Group Death  1(f) Group Health  1(g) Group Disability – lump sum  1(h) Group Disability – recurring payment |

Class 2: Fund Risk 2(a) Death

2(b) Disability – lump sum

2(c) Disability – recurring payment

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| Class 3: Credit Life 3 Credit Life |

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| Class 4: Funeral 4(a) Individual  4(b) Group |

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| Class 5: Life Annuities 5(a) Guaranteed (fully or partially)  5(b) Market related  5(c) With Discretionary Participation features |

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| Class 6: Individual Investment 6(a) Guaranteed (fully or partially)  6(b) Market related  6(c) Linked  6(d) With Discretionary Participation features |

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| Class 7: Fund Investment 7(a) Guaranteed (fully or partially)  7(b) Market related  7(c) Linked  7(d) With Discretionary Participation features |

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| Class 8: Income Drawdown 8(a) Guaranteed (fully or partially)  8(b) Market related  8(c) Linked  8(d) With Discretionary Participation features |

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| Class 9: Reinsurance 9(a) Proportional in respect to a class or sub-class[[2]](#footnote-2)  9(b) Non-proportional in respect to a class or sub- class[[3]](#footnote-3) |

9.2.2 Does the applicant intend to write additional insurance obligations under a life insurance policy, ancillary to a policy, as a benefit? If so, specify the class and sub-class of business as well as the main class of business the benefit will relate to.

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9.2.3 Specify the classes and sub-classes of **non-life insurance business** that the applicant will write, where applicable, where the classes and sub-classes are as defined in Schedule 2 of the Act.

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| Class 1: Motor 1(a) Personal lines  1(b) Commercial lines |

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| Class 2: Property 2(a) Personal lines  2(b) Commercial lines |

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| Class 3: Agriculture 3(a) Personal lines  3(b) Commercial lines |

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| Class 4: Engineering 4 Engineering |

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| Class 5: Marine 5(a) Personal lines  5(b) Commercial lines |

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| Class 6: Aviation 6(a) Personal lines  6(b) Commercial lines |

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| Class 7: Transport 7(a) Personal lines  7(b) Commercial lines |

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| Class 8: Rail 8 Rail |

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| Class 9: Legal Expense 9(a) Personal lines  9(b) Commercial lines |

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| Class 10: Liability 10(a) Directors and officers  10(b) Employer liability  10(c) Product liability  10(d) Professional indemnity  10(e) Public liability  10(f) Aviation  10(g) Engineering  10(h) Marine  10(i) Motor  10(j) Rail  10(k) Transport  10(l) Personal  10(m) Other |

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| Class 11: Consumer Credit  11(a) Personal lines  11(b) Commercial lines |

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| Class 12: Trade Credit 12 Trade Credit |

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| Class 13: Guarantee 13 Commercial lines |

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| Class 14: Accident and Health 14(a) Individual – Personal lines  14(b) Individual – Commercial lines  14(c) Group |

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| Class 15: Travel 15(a) Individual – Personal lines  15(b) Individual – Commercial lines  15(c) Group |

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| Class 16: Miscellaneous 16(a) Personal lines  16(b) Commercial lines |

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| Class 17: Reinsurance 17(a) Proportional[[4]](#footnote-4)  17(b) Non-proportional[[5]](#footnote-5) |

9.2.4 Does the applicant intend to write additional insurance obligations under a non-life insurance policy, ancillary to a policy, as a benefit? If so, specify the class and subclass of business as well as the main class of business the benefit will relate to.

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**9.3Business other than Insurance Business**

9.3.1 Will the applicant conduct business other than insurance business?

**No**

**Yes** 🡺 Complete 9.3.2 and 9.3.3

9.3.2 Describe the proposed non-insurance business as well as the reasons for conducting non-insurance business. Please quantify the non-insurance business in respect total revenue and total assets as set out in the business plan.

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9.3.3 Describe the potential risk that the proposed non-insurance business will have on the insurance business and how the potential risk will be mitigated.

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9.3.4 Does the applicant intend to conduct business outside of the Republic of South Africa?

**No**

**Yes** 🡺 Complete question 9.3.5

9.3.5 If so, indicate what type of business and in what jurisdiction will the business be conducted.

| **Type of business** | **Jurisdiction** | **Regulatory Authority** |
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**10. Business case**

**10.1 Reasons and motivations for the application**

10.1.1 Outline the objectives of the licensing application and the proposed insurance operations.

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10.1.2 Provide reasons why the licensing application and the proposed insurance operations will be in the public interest.

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10.1.3 Provide a description of the target market of the applicant.

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10.1.4 Please indicate if the business case is based on a proposed transfer of insurance business (in terms of section 50 of the Act) from another insurer. If so provide details of the proposed transfer of business.

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*Attachments:*

* *Submit a 5-year business plan in the prescribed format in respect of the insurance business and other business, where applicable, that will be conducted.*
* *Please submit a copy of the market feasibility study which was done in respect of the insurance business that will be conducted.*
* *In respect of question 10.1.4 above, please provide a written agreement between the applicant and the transferring insurer confirming that the policies will be transferred should the licence be granted.*

**10.2 Proposed products**

10.2.1 Please specify the insurance products the applicant will be selling as well as class of business that the products belong to.

| **Product** | **Class of Business, e.g. Life 1(a)** | **% of Product Gross Premium to Total Gross Premium[[6]](#footnote-6)** |
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10.2.2 Provide details why the products are regarded as suitable in relation to the target market of the applicant.

*Attachments:*

* *Attach a brief description of the characteristics of all the proposed products (including the benefits payable, terms and conditions, exclusions etc.). Please note that funeral products should be considered in light of Rule 2A under the LTIA Policyholder Protection Rules.*

10.2.3 Specify the different distribution channels the applicant will be using.

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| **Distribution channel** | **% of Distribution Channel Premium to Total Gross Premium[[7]](#footnote-7)** |
| Independent brokers |  |
| In-house representative |  |
| Juristic representative |  |
| Direct marketing |  |
| Automated Advice |  |
| Other: |  |
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*Attachments:*

* *Attach a copy of the distribution strategy*.

**10.3 Premium Collection, Advertising and Marketing and Claims and Complaints**

10.3.1 Provide the proposed premium collection channels / methods to be used:

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10.3.2 Provide the proposed marketing and advertising approaches and materials to be used to market the policies:

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10.3.3 Provide the proposed claims and complaints frameworks as required once licensed by rule 17 and 18 of the Policy Holder Protection Rules issued under the LTIA and or STIA.

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*Attachments:*

* *Attach the copies of the proposed claims and complaints processes*

**10.4** **Reinsurance**

10.4.1 Will the applicant use reinsurance or similar risk mitigation instruments as part of its risk management framework?

**No**

**Yes** 🡺 Complete question xxx

10.4.2 List the main types of reinsurance to be utilised, the name of the reinsurer and in which jurisdiction the reinsurer operates

| **Type of reinsurance** | **Name of reinsurer** | **Jurisdiction** | **Class of Business, e.g. Life 1(a)** |
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*Attachment*s:

* *Attach the proposed reinsurance strategy, how the applicant will identify reinsurance partners, reinsurance layers to be used as well as how the applicant will mitigate counterparty reinsurance risks, where applicable*
* *Attach undertakings in writing from the proposed reinsurance partners that are willing to enter into reinsurance arrangements with the applicant*

**10.5 Systems and Data Management**

10.5.1. Name and give an overview of all the systems to be used to secure proper functioning of the intended insurance operations; i.e. finance, underwriting, general administration, claims administration, premium collection, complaints management, etc.

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10.5.2 Please advise how the adequacy of these systems was determined and why you are of the opinion that these systems will be serving the purpose(s) they were/will be acquired for.

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10.5.3 If the applicant contemplates entering into any binder agreement(s), provide details of how the insurer will be capable of having up to date access to the data collected and held by any such binder holder. Further provide details regarding the applicant’s resources and ability to exercise effective oversight over a binder holder on an ongoing basis*.*

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*Attachments:*

* *Attach, evidence pertaining to the adequacy of the systems.*

**11. Significant Owners[[8]](#footnote-8)**

**11.1 Details of significant owners**

11.1.1 State the names of the legal and/or natural person(s) holding 15% or more of the issued shares directly and/or indirectly in the applicant, their identifying numbers, their percentage shareholdings and a description of their main business.

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| --- | --- | --- | --- |
| **Full Name** | **Identity No. / Passport / Registration number** | **% Shareholding** | **Description of main business** |
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*Attachments:*

* *Attach a copy of the structural chart of the group of companies to which the applicant belongs, showing the respective percentages of shareholding.*
* *Attach copies of the audited financial statements for each of the significant owners for the three financial years preceding the application. If the person is a natural person, submit audited net worth statements reflecting the person’s position on a date not earlier than three months prior to the date of this application.*
* *Attach a letter by each significant owner confirming its willingness to capitalise the insurer should such a need arise in future.*

**12. Corporate Governance**

**12.1 Board of Directors**

12.1.1 List the proposed members of the board of directors, their roles and responsibilities

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| **Name & Surname** | **Executive / Non-Executive Director** | **Independent or Non-Independent** |
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*Attachments:*

* *For each proposed key person, please complete and submit form IF006: Application for approval or notification of the appointment of key persons.*

**12.2 Board Committees**

12.2.1 List the different board sub-committees, and provide a brief description of each committee’s mandate.

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| **Board Committee** | **Mandate** |
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12.2.2 List the individual members’ names of the different board committees listed in 12.3.1 above

Name of committee:

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| **Name and surname** | **ID number (Passport number for non-SA citizens)** | **Date of appointment** | **Independent** | **Chair (Y/N)** |
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Name of committee:

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| **Name and surname** | **ID number (Passport number for non-SA citizens)** | **Date of appointment** | **Independent** | **Chair (Y/N)** |
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Name of committee:

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| **Name and surname** | **ID number (Passport number for non-SA citizens)** | **Date of appointment** | **Independent** | **Chair (Y/N)** |
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Name of committee:

| **Name and surname** | **ID number (Passport number for non-SA citizens)** | **Date of appointment** | **Independent** | **Chair (Y/N)** |
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12.2.3 Please indicate which of the above committees will deliberate on market conduct risks and/or fair treatment of customers. Please indicate what governance measures the applicant will implement to ensure the fair treatment of policyholders and how this will be monitored within the proposed structure.

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**12.3 Control functions**

12.3.1 Please complete the following for the control functions to be utilised by the applicant:

|  |  |  |  |
| --- | --- | --- | --- |
| **Control Function** | **Relation to Applicant, i.e. outsourced / in-house** | **Head of Function** | **Proposed resourcing** |
| Risk |  |  |  |
| Compliance |  |  |  |
| Actuarial |  |  |  |
| Internal Audit |  |  |  |

*Attachments*

* *Please complete and submit form IF006: Application for approval or notification of the appointment of key persons, for each proposed key person.*

**12.4 Auditor**

12.4.1 Please complete the following regarding the applicant’s auditor:

|  |  |
| --- | --- |
| **Audit firm** | **Responsible partner’s name, surname and contact details** |
|  |  |

12.4.2 Will the audit firm conduct work, other than auditing work, for the applicant?

**No**

**Yes** 🡺 Complete question 12.5.3

12.4.3 List the other work that the audit firm is conducting / will be conducting for the applicant.

|  |
| --- |
|  |

*Attachments*

* *Please complete and submit form IF006: Application for approval or notification of the appointment of key persons, for each proposed key person.*

**12.5 Senior Management**

12.5.1 List the names and surnames of the proposed senior management indicating the roles and responsibilities of each:

| **Name & Surname** | **Roles and Responsibilities** |
| --- | --- |
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*Attachments:*

* *Please complete and submit form IF006: Application for approval or notification of the appointment of key persons,* for each proposed key person. Only one IF006 needs to be submitted for every individual in case(s) one individual will fulfil various functions requiring the submission of an IF006 form.

**12.6 Staffing plan**

*Attachment:*

* *Please provide the envisaged organisational structure of the applicant in organogram format (including the headcount)*

**12.7 Risk management, Outsourcing, Fit and Proper and Business Continuity**

*Attachments*

*Kindly provide:*

* *A description of the risk management governance practices, outlining the main risks (including conduct risks )identified and how they will be managed;*
* *Details of the outsourcing policy;*
* *Details of any proposed binder arrangements;*
* *Details relating to the arrangements for business continuity; and*
* *Details of the policies for managing financial risks. In this regard please refer to Prudential Standard GOI 3 Risk Management and Internal Controls for Insurers*

**13. Transformation**

13.1 Kindly provide a brief description on how the applicant intends to meet its stated commitments in terms of transformation in the insurance sector with specific reference to the people, procedures and processes involved.

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*Attachments*

* *Kindly submit a copy of the transformation plan.*

**14. Other Information**

14.1 Is there any additional information that is not requested elsewhere in this form that the applicant and/or professional advisers is aware of, that is relevant to the PA’s and FSCA’s assessment of this application?

**No**

**Yes** 🡺 Complete question 14.2

14.2 Please provide a summary of the additional information.

|  |
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|  |

**15. Attachment Checklist**

**15.1 Compulsory attachments**

Complete the following table with details of the attachments provided.

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached**  **Y / N** |
| --- | --- | --- | --- | --- |
| A1 | 8.1 |  |  |  |
| A2 | 8.2 |  |  |  |
| A3 | 10.1 |  |  |  |
| A4 | 10.2 |  |  |  |
| A5 | 10.3 |  |  |  |
| A6 | 10.4 |  |  |  |
| A7 | 10.5 |  |  |  |
| A8 | 11.1 |  |  |  |
| A9 | 12.1 |  |  |  |
| A10 | 12.3 |  |  |  |
| A11 | 12.4 |  |  |  |
| A12 | 12.5 |  |  |  |
| A13 | 12.6 |  |  |  |
| A14 | 12.7 |  |  |  |
| A15 | 13.1 |  |  |  |

**15.2 Other Attachments**

Kindly complete the following table indicating the details of all the additional attachments provided by the applicant. Please indicate the number of pages of each attachment. You may add additional rows for each attachment included:

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| e.g. B1 | 0 |  | x |  |

**16. Consent and Declarations**

To assess the application or notification, the Prudential Authority needs to ensure that the information in the application or notification is accurate and complete, and may be verified and shared with other regulatory authorities. Please see the Fact Sheet on the SARB website for the required declarations that must accompany this form in addition to the consent and declaration forms below.

**Consent form**

I, duly authorised by the significant owner(s) of the proposed applicant, hereby:

1. Consent to the Prudential Authority and its duly authorised agent verifying or confirming any information provided in and / or in support of this application with any person.
2. Authorise any person referred to in paragraph 1 above to furnish information regarding this application to the Prudential Authority and its duly authorised agent.
3. Unconditionally indemnify the Prudential Authority, its agent and any person/s against any liability that may result from furnishing information regarding this application to the Prudential Authority.
4. Consent to the Prudential Authority sharing information provided in and / or in support of this application with a regulatory authority (as defined in the Financial Sector Regulation Act, 2017).

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position** |  |
| **Signature** |  |
| **Date of signature** | YYYY/MM/DD |

**Declaration by person submitting the form**

I confirm that:

1. I am duly authorised to make the application on behalf of the applicant.
2. I have attached all the documents listed in the application form.
3. I will inform the Prudential Authority if, subsequent to submitting the form, any of the information contained herein becomes materially inaccurate.

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position** |  |
| **Signature** |  |
| **Date of signature** | YYYY/MM/DD |

**Declaration by member of board of directors of each significant owner**

1. I, a member of the board of directors and duly authorised by the board of directors, confirm that the board of directors is aware of the application and is in support thereof.
2. I further confirm that the board of directors is satisfied that the roles and responsibilities of the board of directors provided for in the Insurance Act, 2017 and the Prudential Standard(s) have been met in as far as these relate to this application.

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Surname** |  |
| **Position** |  |
| **Signature** |  |
| **Date of signature** | YYYY/MM/DD |

1. Please refer to section 23(3)(a) of the Act - The PA must grant or refuse an application within 120 days of the date on which the application was submitted to the PA, or such longer period agreed between the PA and the applicant. [↑](#footnote-ref-1)
2. In respect of reinsurance, please complete in relation to the class or sub-class [↑](#footnote-ref-2)
3. In respect of reinsurance, please complete in relation to the class or sub-class [↑](#footnote-ref-3)
4. In respect of reinsurance, please complete in relation to the class or sub-class [↑](#footnote-ref-4)
5. In respect of reinsurance, please complete in relation to the class or sub-class [↑](#footnote-ref-5)
6. Based on the assumptions used in the projections submitted as part of the 5 year business plan [↑](#footnote-ref-6)
7. Based on the assumptions used in the projections submitted as part of the 5 year business plan [↑](#footnote-ref-7)
8. Significant owner, of a financial institution, means a significant owner of the institution as described in section 157 of FSRA [↑](#footnote-ref-8)