

SCHEDULE 1 (to Standard INS.S.2.14)**FORM A - APPLICATION LETTER****APPLICATION BY REGISTERED INSURER OR REINSURER FOR CANCELLATION OF REGISTRATION GRANTED PURSUANT TO SECTION 11 OF THE ACT OR CANCELLATION OF CLASS(ES) OF BUSINESS**

In terms of section 13(2) of the Financial Institutions and Markets Act No. 2 of 2021 (“the Act”) –

1. I, the undersigned, being the Principal Officer or duly authorised person of _____
_____ duly empowered thereto, hereby apply for the voluntary cancellation of registration or cancellation of a class(es) of business (delete whichever not applicable) of the said registered insurer or reinsurer, in terms of section 13(2) of the Act;
2. I submit with this application all the required documents as per this Standard; and
3. If applicable, the proof of payment of the requirement application fee in terms of Standard GEN.S.10.23 – Fees, is enclosed with the application.

PRINCIPAL OFFICER OR DULY AUTHORISED PERSON

Full names: _____

Signature: _____

Capacity: _____

Date: _____

SCHEDULE 2 (to Standard INS.S.2.14)

FORM B - APPLICATION FOR CANCELLATION OF REGISTRATION GRANTED PURSUANT TO SECTION 11 OF THE ACT OR FOR VARIATION OF REGISTRATION BY CANCELLATION OF A CLASS(ES) OF BUSINESS FOR WHICH IT WAS REGISTERED

Please tick appropriate box:

SHORT-TERM INSURER/REINSURER

LONG-TERM INSURER/REINSURER

1. INSURER/REINSURER

Full Name(s):

NAMFISA Registration Number:

Income Tax Number:

2. CONTACT DETAILS

Physical address:

Postal address:

Tel. Work:

Cell. No:

Fax No:

Email:

3. DETAILS OF PRINCIPAL OFFICER

First Names:

Surname:

ID/Passport No:

Nationality:

Physical address:

Postal Address:

Tel. Work:

Email address:

4. DETAIL OF SHAREHOLDER(S)

Name	Shareholding

5. DETAILS OF BOARD OF DIRECTORS

Name	Nationality	Executive/Non-Executive

Name of the Board Chairperson:

Name	Name of Chairperson(s) of committee(s)

6. DETAILS OF AUDITOR

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7. DETAILS OF VALUATOR

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8. BOARD RESOLUTION

8.1 Date when the special resolution was passed

8.2 Effective date of cancellation or variation

8.3 Furnish full reason(s) why the special resolution in question 8.1 was passed

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9. CANCELLATION SPECIFIC INFORMATION

9.1 Is the insurer or reinsurer cancelling all the classes of insurance registered for?

Yes	
No	

9.2 If not please indicate the classes being cancelled below.

Short-term insurance classes

Vehicle	
Aviation	
Fire	
Marine	
Guarantees	
Personal	
Miscellaneous	
Others, specify	

Long-term insurance classes

Disability	
Fund	
Funeral	
Health	
Life	
Sinking fund	
Others specify	

9.3 Does the insurer or reinsurer have any liabilities under long-term or short-term policies at the time of cancelling?

Yes	
No	

9.4 If the answer is yes, kindly furnish full details of the arrangements that the insurer or reinsurer has made to meet all the liabilities.

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9.5 Did the insurer or reinsurer inform its Auditor and Valuator of this notification?

Yes	
No	

9.6 If the answer is No, kindly explain.

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10. LIQUIDATOR’S DETAILS (IF APPLICABLE)

Full name(s) of Liquidator

Identity number of Liquidator

Appointed date of Liquidator

Completion date of Liquidator

Total assets at the date the Liquidator is appointed

Total liabilities at the date the Liquidator is appointed

Total assets on the final date of liquidation

Total liabilities on the final date of liquidation

11. ATTACHMENTS REQUIRED

- Letter requesting for cancellation or variation to NAMFISA
- Original certificate of registration (declaration under Oath where original lost) Proof of settlement or liabilities
- A certificate by the Auditor and Valuator stating that the insurer or reinsurer has no liability under long-term or short-term insurance policies (where there is liability furnish further details as would be directed by NAMFISA)
- Copy of Board resolution for voluntary cancellation decision or variation
- Bank letter confirming the closure of the bank account(s) three months after cancellation
- Resolution for change of objectives

SIGNATURE OF PRINCIPAL OFFICER OR DULY AUTHORISED PERSON

By signing the document, I confirm that all the information contained in this application is true and correct and can be relied upon and I have disclosed all necessary material information that may be required by NAMFISA.

Full Names(s):

Signature:

Capacity:

Date: