Application Form for Establishing Insurance Companies

SUBMISSION OF APPLICATION FORM
The application Form should be submitted and signed by the Chief Executive Officer or a person of higher authority in the applicant.

All applications should be directed to:

Director General,
National Insurance Authority
R-607, 6TH Floor, Burj Omaar,
Road one, 26 June
Tell: 252 2 528510 Or
        252 2 528572
Email: info@slnia.org
Website: www.slnia.org
Hargeisa, Somaliland

SECTION I: DETAILS OF APPLICANT

Paste your recent passport size photograph (CEO)

Applicant (Chief Executive Officer or higher)

Name	
Designation	
Contact number	Fax
E-mail	

SECTION II: DETAILS OF INSURANCE COMPANIES

(a) Name of Applicant (Insurance Company)

(b) Address of registered head office and principal place of business (if different)

Contact number	Fax
Website address	

(c) Details of registration

Date [   ] registration number [   ]

Place of registration

Form of business (e.g. Sole proprietorship, Partnership or Corporation.

(d) Please answer the following questions, according to the nature of your organization.

        (i)   Year of Establishment

_____

        (ii)   Number of Staffs

_____

        (iii)   Purpose of Establishment

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        (iv)   Main Activities

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Declaration

I hereby attest that the information submitted in this application is true to the best of my knowledge. Misrepresentations or omissions of material facts may be grounds for rejecting this application.

Signature

Date of application

_____

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Name & address of shareholder	Type of legal entity of shareholder[1]	Domicile country	Class of shares held	% share-holding	Name & address of representative (if any) of shareholders on Board of Directors	Nature of business of shareholder

Note: Please provide particulars of major shareholders of the Somaliland operation

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[1] State whether shareholder is an individual, corporation (declare types of corporation, for example limited or unlimited, etc.) society, co-operative, sole proprietorship, etc.