

REPUBLIC OF GHANA

INSURANCE ACT, 2006

APPLICATION FOR AN INSURER'S LICENCE

1. Name of Applicant
2. Location of Registered Office of Applicant.....
.....
3. Postal Address of Applicant
4. E-mail Address, Telephone Number(s) and Fax Number(s).....
.....
5. Names (including any previous names), addresses and nationalities of all beneficial shareholders and ultimate beneficial shareholders to be attached (Please refer to enclosure sheet).
6. In those cases where shares are beneficially owned by a corporate body or bodies, or the company is part of a group, the chain of connection to the ultimate beneficial owners should be shown by way of a group organisation chart.
7. (a) What is the authorised share capital?.....
(b) What is the stated paid-up capital?
8. Indicate whether the business to be carried out is 'Life' or 'Non-Life'
.....
9. List all directors, Principal Officers, Heads of Department and Consultants showing their respective positions within the application (Please attach response)
10. Names and addresses of bankers and investment advisors. (Please attach response)

11. Name and Address of Actuary (for Life Assurance business only)

.....
.....

12. Name and Address of Re-insurers (Please attach list)

13. Name and Address of Auditor (Please attach)

14. Number of employees and agents to be used.

DECLARATION BY APPLICANT

We hereby apply for a license under the Insurance Act, 2006 and declare the above particulars to be true and agree to notify the National Insurance Commission of any material alteration in the foregoing information as soon as practical thereafter.

The application fee of GH¢ is enclosed.

Date

Name of Director

Signature.....

Name of Director

Name of Chief Executive

Signature

Signature

(N/B: The Commission reserves the right not to grant this licence due to falsification).

For use of National Insurance Commission only		
Date received:.....	<u>Action Taken</u>	<u>Date</u>
	1. Acknowledged:
Application Fee Paid:.....	2. Further Enquiries:
	3. Decision:
Receipt No:.....		

REPUBLIC OF GHANA

INSURANCE ACT, 2006

APPLICATION FOR INSURANCE INTERMEDIARY'S LICENCE

(Insurance Broker and Insurance Loss Adjuster)

1. Name of Applicant
2. Location of Registered Office of Applicant.....
.....
3. Postal Address, E-mail Address, Telephone Number (s) and Fax Number(s)
.....
.....
4. State the category of licence for which application is made
5. Is the applicant a company or a partnership?
6. If the applicant is a company, the following must be attached.
 - (a) Details of shareholders
 - (b) Details of Directors, Principal Officers, Heads of Departments and Branches) as listed on requirements sheet.
7. If the applicant is a Partnership attach the following -
 - (a) the names (including any previous names), addresses and nationalities of all partners of the applicant and all other relevant information as listed on the requirements sheet.
8. If any individuals listed in the answers to questions 6 and 7 above hold positions in any public corporation or other corporation already known to the Commission, please outline those positions and provide full details.
9. State whether any of the parties connected with this application have ever applied, individually or in conjunction with others, for authority to transact insurance or other financial services business in any other jurisdiction and, if so, provide full details.

(N/B: Licence for brokers and adjusters can only be issued to a company or a partnership)

10. State any jurisdictions outside Ghana in which the applicant carries on, or is proposing to carry on, business as an insurance intermediary.
11. State whether the applicant intends to engage in international business and, if so, provide details.
12. Details of professional indemnity insurance effected or to be effected, including insurer and level of cover. (A minimum of GH¢50,000.00)

DECLARATION BY APPLICANT

We hereby apply for a licence and declare the above particulars to be true and correct and agree to notify the National Insurance Commission of any material alteration to the foregoing information supplied, and that,

- (a) we have not been adjudged insolvent or bankrupt
- (b) we have not made any assignment or any arrangement or composition with creditors which has been rescinded or set aside, and
- (c) we have not been convicted by a court of an offence involving dishonesty, fraud or gross misconduct, nor have had to appeal against conviction by the terms of any enactment in force in Ghana or any other country.

Date

Name of Director

Signature.....

Name of Director.....

Name of Chief Executive.....

Signature.....

Signature.....

(N/B: The Commission reserves the right not to grant this licence due to falsification).

For use of National Insurance Commission only		
Date received:.....	<u>Action Taken</u>	<u>Date</u>
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	3. Decision:
Receipt No:.....		

REPUBLIC OF GHANA

INSURANCE ACT, 2006

APPLICATION FOR INSURANCE INTERMEDIARY'S LICENCE (Insurance Agents and Sub-Agents – Individuals Only)

1. Name and any previous names of Applicant
2. Date of Birth
3. Address of Applicant including postal and e-mail.....
4. Educational Qualification (Please attach certified copies of certificates).....
5. Experience in the agency business.....
6. State the category of intermediary's licence.....
7. State whether full-time or Part-time agent.....
8. State main occupation if Part-time agent
9. Name of the Insurer/Agent to be represented

DECLARATION BY APPLICANT

I hereby apply for an intermediary's licence under the Insurance Act, 2006 and declare the above particulars to be true and agree to notify the National Insurance Commission of any material alteration in the information supplied above and that,

- (a) I have not been adjudged insolvent or bankrupt, and
- (b) I have not made any assignment or an arrangement or composition with creditors which has been rescinded or set aside.
- (c) I have not been convicted by a court in any country of an offence involving dishonesty, fraud or gross misconduct nor have had to appeal to any conviction under the terms of any enactment in Ghana or any other country.

Date

Signature.....

Countersignature of Insurer/Agent.....

Company.....

Date.....

Title/Rank.....

N/B: Please attach 2 passport size photographs not older than 6 months old.

REPUBLIC OF GHANA

INSURANCE ACT, 2006

APPLICATION BY OFFSHORE INSURER TO OPEN A CONTACT OFFICE

1. Name of Applicant.....
.....
2. Head Office of Applicant.....
3. Location of Registered Office of Applicant in Ghana
.....
4. Postal Address of applicant in Ghana.....
.....
5. Telephone number (s), Fax number and email address of applicant in Ghana
.....
6. Describe the nature of and/or the business to be undertaken at, by or through the Ghana Office, including
 - (a) the person(s) who are to provide the local services;
 - (b) the person(s) who will have responsibility for accepting risks on behalf of the applicant;
7. State whether the business to be undertaken at, by or through the Ghana office will be 'Life Assurance' or 'Non-Life Insurance.'.....
8. List all jurisdictions in which the insurer is licensed to carry on insurance business.
9. Details of directors (Please attach).

DECLARATION BY APPLICANT

We hereby apply for authorization under the Insurance Act, 2006, and declare the above particulars to be true and agree to notify the National Insurance Commission of any material alteration in the information supplied.

Date

Name of Director.....

Signature.....

Name of Director.....

Signature.....

Application fee of is enclosed.

For use of National Insurance Commission only

Date received:.....

Action Taken

Date

1. Acknowledged:

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3. Decision:

Receipt No:.....

ENCLOSURES

1. A letter from jurisdiction regulator that applicant has a valid licence.
2. A copy of a valid licence to operate in head office
3. Curriculum vitae of office manager
4. Curriculum vitae and other details of the company's directors

REPUBLIC OF GHANA

INSURANCE ACT, 2006

APPLICATION FOR RENEWAL OF INSURER'S /REINSURER'S LICENCE

Wefor and on behalf of..hereby apply for the renewal of its Insurance Licence No..... with effect from.....
.....

Our Annual Return is attached or was filed on, and we confirm that there have been no material changes in the company's circumstances since that date.

We understand that the renewal of this licence is dependent upon a satisfactory review of the annual returns and our compliance with the Insurance Law and Regulations by the Commission. We undertake to notify the Commission of any subsequent material change(s) in the company's circumstances, or proposed change(s) to its business plan.

The Application fee of GH¢..... is enclosed. Date.....

Name of Director Signature.....

Name of Chief Executive Officer Signature.....

For use of **National Insurance Commission** only

Date received:.....

Action Taken

Date

1. Acknowledged:

Fee Paid:.....

2. Further Enquiries:

3. Decision:

Receipt No:.....

REPUBLIC OF GHANA

INSURANCE ACT, 2006

APPLICATION FOR RENEWAL OF INSURANCE INTERMEDIARY'S LICENCE

We the directors, for and on behalf ofhereby apply for the renewal of Insurance Intermediary's Licence No..... in the category of Insurance Broker and Insurance Loss Adjuster/ with effect from

Our annual Return is attached/was filed on, and we confirm that there have been no material changes in the company's circumstances since that date.

We understand that the renewal of this licence is dependent upon a satisfactory review of the annual returns and our compliance with the Insurance Law and Regulations by the Commission.

The Application fee of GH¢.....is enclosed. Date

Name of Director/Partner..... Signature.....

Name of Chief Executive Officer.....

Signature.....

Name of Agent/Sub-Agent..... Signature.....

For use of **National Insurance Commission** only

Date received:.....

Action Taken

Date

1. Acknowledged:

Fee Paid:.....

2. Further Enquiries:

3. Decision:

Receipt No:.....

REPUBLIC OF GHANA

INSURANCE ACT, 2006

INSURANCE INTERMEDIARY'S LICENCE

(Insurance Brokers and Insurance Loss Adjusters)

Licence No.:

This is to certify that
is duly licensed as anunder the terms of the Insurance
Act, 2006.

This licence is issued subject to the following conditions;

Given in Accra by the seal of the Commission this day of two thousand and

.....

Board Chairman

.....

Commissioner of Insurance

N/B: This licence will expire on the unless renewed in accordance
with section 125 of the Insurance Act, 2006.

REPUBLIC OF GHANA

INSURANCE ACT, 2006

LIFE, NON-LIFE AND RE-INSURER’S LICENCE

Licence No.:

This is to certify that is duly licensed
as a..... under section 25 of the Insurance Act, 2006.

This licence is issued subject to the following conditions;

Given in Accra by the seal of the Commission this day of two thousand and

.....

Board Chairman

.....

Commissioner of Insurance

N/B: This licence will expire on the unless renewed in accordance with section
35 of the Insurance Act, 2006.

REPUBLIC OF GHANA

INSURANCE ACT, 2006

Licence No.:

INSURANCE INTERMEDIARY'S LICENCE

(Individual Insurance Agent/Sub-Agent)

This is to certify that is duly licensed as an Insurance Agent/Sub-Agent under the terms of the Insurance Act, 2006.

To represent

(Insurer)

(Agent)

This licence is issued subject to the following conditions;

Given in Accra by the seal of the Commission this day of two thousand and

.....

Commissioner of Insurance

N/B: This licence will expire on the unless renewed in accordance with section 125 of the Insurance Act, 2006.

REPUBLIC OF GHANA

INSURANCE ACT, 2006

APPLICATION FOR A REINSURER'S LICENCE

1. Name of Applicant
2. Location of Registered Office of Applicant.....
.....
3. Postal Address of Applicant
.....
4. E-mail Address, Telephone Number(s) and Fax number
.....
5. Names (including any previous names), addresses and nationalities of all beneficial shareholders and ultimate beneficial shareholders (Please refer to enclosure sheet).
6. In those cases where shares are beneficially owned by a corporate body or bodies, or the company is part of a group, the chain of connection to the ultimate beneficial owners should be shown by way of a group organisation chart.
7. (a) What is the authorised capital?
- (b) What is the paid-up capital?.....
8. List all directors, principal officers and key personnel showing their respective positions within the applicant
.....
9. Names and addresses of Bankers and investment advisors.....
.....
.....
10. Name and Address of Actuary (for Life Assurance business only)
.....
.....

11. Name and Address of Retrocessionaires.....

 12. Name and Address of Auditor.....

 13. Number of employees and agents to be used.

DECLARATION BY APPLICANT

We hereby apply for a license under the Insurance Act, 2006 and declare the above particulars to be true and agree to notify the National Insurance Commission of any material alteration in the foregoing information as soon as practical thereafter.

The application fee of GH¢ is enclosed.

Date Name of Director
 Signature.....

Name of Director..... Name of Chief Executive.....
 Signature..... Signature.....

N/B: The Commission reserves the right not to grant this licence due to falsification.

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	3. Decision:
Receipt No:.....		

REPUBLIC OF GHANA

INSURANCE ACT, 2006

Licence No.:

LIFE/NON-LIFE/RE-INSURER'S LICENCE

This is to certify that is duly licensed
as a under section 25 of the Insurance Act, 2006.

This licence is issued subject to the following conditions;

Given in Accra by the seal of the Commission this day of two thousand and

.....

Board Chairman

.....

Commissioner of Insurance

N/B: This licence will expire on the unless renewed in accordance
with section 35 of the Insurance Act, 2006.