

Form 15
Application for Approval of Transfer or Amalgamation
(*regulation 42*)

SECTION A

1. Details of transacting entities:

a. Name: _____

b. Type of insurance business: General insurance

Long term insurance

Reinsurance

c. Date of first NBFIRA licence issue: _____

d. Company registration number: _____

(Note: SECTION A is to be completed in respect of each entity concerned in the transfer or amalgamation)

SECTION B

1. Details of resultant entity (where applicable):

a. Name: _____

b. Company registration number: _____

c. Postal Address: _____

d. Physical Address: _____

Contact person:

Name: _____

Postal Address: _____

Physical Address: _____

Email: _____

2. Please attach the following:

- a. Certificate of Incorporation
- b. Notice of Issue of Shares
- c. Shareholder certificate(s)
- d. Consent and Certificate of Director(s) or secretaries

SECTION C

Declaration

I hereby declare all the information, statements and documents submitted herewith are true and accurate to the best of my knowledge and belief. Any alterations in particulars stated here in or in the said documents will be promptly communicated to the Regulatory Authority within a period not later than thirty days from the date of the alteration.

Name.....

Designation.....

Signed on this **day of**