

## **Insurance Intermediaries Rule 8 of 2007**

### **Particulars of Individuals to be Entered in the Agents Register, Managers Register or Brokers Register**

#### **Rule pursuant to article 7 of the Act**

1. (1) This Insurance Intermediaries Rule on the particulars of individuals that are to be entered in the Agents Register, Managers Register or Brokers Register in relation to the registration of individuals carrying out insurance intermediaries activities (“this Rule”) is made by the Authority pursuant to, and for the purposes of, article 7 of the Act.

(2) This Rule shall come into force on the 15<sup>th</sup> January 2007.

#### **Application**

2. This Rule applies to an individual desirous of applying for registration and, on continuing basis, an individual registered, in the Agents Register, Managers Register or Brokers Register (the “individual”).

#### **Scope**

3. The scope of this Rule is to determine -

(a) the particulars of individuals that are to be entered in the Agents Register, Managers Register or Brokers Register; and

(b) the manner in which such individual shall make an application to the Authority for registration in the Agents Register, Managers Register or Brokers Register.

### **Particulars of individuals to be entered in the Agents Register, Managers Register or Brokers Register**

4. In relation to the registration of individuals, the particulars to be entered in the Agents Register, Managers Register or Brokers Register as determined by this Rule for the purpose of article 7 of the Act are those set out in the First Schedule to this Rule.

## **Manner of application for registration**

**5.** (1) The manner in which an individual shall make application to the Authority for registration in the Agents Register, Managers Register or Brokers Register under article 13 of the Act as determined by this Rule for the purpose of article 7 of the Act is set out in the Second Schedule to this Rule. The Authority shall require such individual to complete the personal questionnaire attached to Insurance Intermediaries Rule 21 of 2007.

(2) The application is to be countersigned by the enrolled person in connection with which the application for registration is being submitted. Persons which are still in the process of applying for enrolment with the Authority and in connection with which the application is being submitted, are not required to countersign the application.

## **Repeals and Savings**

**6.** (1) Without prejudice to article 4(2) of the Preliminary provisions, and saving the provisions of paragraph (2) of this article, Insurance Intermediaries Directive 8 of 1999 – Particulars of Individuals to be entered in the Brokers Register, is hereby repealed.

(2) Every action, directive, instruction, guideline or order whatsoever taken or commenced thereunder, shall continue to be valid and in force, as if such action, directive, instruction, guideline or order were taken or commenced, under this Rule.

## **F I R S T S C H E D U L E**

*(Article 4 of the Rule)*

### **Insurance Intermediaries Act, 2006**

*(Article 7 of the Act)*

#### **The Agents Register, Managers Register or Brokers Register**

#### **Registration of individuals in the Agents Register, Managers Register or Brokers Register**

##### **Particulars to be included**

##### **A: Personal Details**

- A1. Full name (*surname/forename/s including title and name by which commonly known*).
- A2. Any previous name/s by which known.
- A3. Identity Card number or Passport number.

##### **B: Position Title**

- B1. Director/Employee.
- B2. Name of enrolled company.

**S E C O N D   S C H E D U L E**

*(Article 5 of the Rule)*

**Insurance Intermediaries Act, 2006**

*(Article 13 of the Act)*

**Application for registration of individuals in the Agents Register, Managers Register or Brokers Register**

Director-General  
Malta Financial Services Authority

I hereby apply for registration in the \_\_\_\_\_ Register under article 13 of the Insurance Intermediaries Act, 2006. The application is being submitted in terms of sub-paragraph(s) \_\_\_\_\_ of paragraph (2) of article 5 of Insurance Intermediaries Rule 9 of 2007 - Qualifications of Individuals Applying for Registration. \*

An application for registration fee in accordance with the Insurance Intermediaries (Fees) Regulations, 2014 made under the Act is made by cheque No. \_\_\_\_\_ , enclosed, payable to the Malta Financial Services Authority.

*\* To insert applicable sub-paragraph(s) of article 5(2) of Insurance Intermediaries Rule 9 of 2007 -Qualifications of Individuals Applying for Registration.*

Particulars relevant to this application are provided herein.

**A:      Personal details**

A1.      Surname:- \_\_\_\_\_

Forename/s:- \_\_\_\_\_

Title:- \_\_\_\_\_

Name commonly known by:- \_\_\_\_\_

A2. Any previous name/s by which known:- \_\_\_\_\_

A3. Identity Card number:- \_\_\_\_\_

A4. Passport number:- \_\_\_\_\_

**B: Documentation**

Please provide the Personal Questionnaire attached to Insurance Intermediaries Rule 21 of 2007.

**C: Declaration**

The Individual

The particulars provided in this application and the documents produced with it are complete and true to the best of my knowledge, information and belief. I hereby authorise the Authority to contact any person considered by the Authority to be relevant, both at the date of application and at any time in the future unless and until I rescind this authority in writing. I also undertake to inform the Authority in writing of any material change relevant to this application.

Signed \_\_\_\_\_ Date \_\_\_\_\_

The Enrolled Person

I certify that the above information is complete and correct to the best of our knowledge and belief. After verifying to the extent possible, the information included in this application and following our own due diligence enquiries, the enrolled person believes that the Individual is fit and proper to be registered in the \_\_\_\_\_ Register, as the case may be.

Name of Enrolled Person (in block capitals): \_\_\_\_\_

Where the enrolled person is a company, name of person signing on behalf of the

Enrolled Company: \_\_\_\_\_

Position Title: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_