



REPUBLIC OF CYPRUS  
MINISTRY OF FINANCE  
INSURANCE COMPANIES CONTROL SERVICE

INSURANCE COMPANIES CONTROL SERVICE  
Vyronos 29, 1096 Nicosia  
P.O. Box 23364, 1682 Nicosia

THE INSURANCE AND REINSURANCE BUSINESS  
AND OTHER RELATED ISSUES LAW

APPLICATION OF A LEGAL PERSON FOR THE EXTENSION OF  
REGISTRATION IN A REGISTER OF INSURANCE/REINSURANCE  
INTERMEDIATION COMPANIES

STAMP
-------

Note: In the following text, where reference is made to an insurance intermediary, it includes the reinsurance intermediary and where reference is made to insurance, it includes reinsurance. Where reference is made to a company, this concerns an insurance/reinsurance intermediary company.

Instructions for completing this Form:

1. The Form must be duly completed and signed by the applicant.
2. The blank space after each question in the Form is NOT indicative of the extent of the intended answer.
3. All questions must be answered and spaces must not be left blank after each question. If any question does not apply, write a N/A in the blank space.

1. COMPANY INFORMATION

1.1 Name of the company (in capitals)

.....
-------

1.2 Trading Name of the company, if any

.....
-------

1.3 Company registration number from the Department of Registrar of Companies and Intellectual Property

.....
-------

1.4 Contact details

Work Tel. No.: .....
Mobile No.: .....
E-mail: .....
Website: .....

## 2. INFORMATION FOR REGISTRATION EXTENSION OF THE COMPANY

2.1 Mark with  in the table below the Register in which you wish to extend your business and the corresponding Insurance Class (General and/or Life). State the insurance companies and/or insurance intermediaries for which/whom you are applying for a registration extension of the company.

	Register	Class		Insurance Company or Insurance Intermediary
		General	Life	
1	Register of Insurance Agency Companies			..... .....
	Register of Insurance Sub-Agency Companies			..... .....
	Register of Insurance Advisory Companies			..... .....
2	Register of Tied Insurance Advisory Companies			..... .....
3	Register of Ancillary Insurance Intermediation Companies			..... .....
4	Register of Insurance Brokerage Companies			N/A

2.2 If you have stated above that the company will be conducting Life Business, please mark with  whether the insurance product distribution activities will be carried out in connection with the sale of insurance-based investment products:

YES: .....	NO: .....
------------	-----------

2.3 Mark with  whether the company is going to carry out insurance and/or reinsurance business:

Insurance: .....	Reinsurance: .....
------------------	--------------------

## 3. APPLICANT DETAILS

Full Name:.....
ID Number / Passport Number: .....
Position of applicant in the company: .....

## 4. CERTIFICATES/DECLARATIONS

The application must be accompanied by the following certificates/declarations.

Mark with √ the certificates/declarations that you will submit.

A/A	√	
1		(If the extension concerns extension of class) Certificate of Basic Insurance Training of the Cyprus Insurance Institute for the specific class of extension, or other equivalent or higher qualification. [for the managers of the company and the employees declared by the company who will be responsible for the distribution of these insurance/reinsurance products]
2		(The following statement does NOT apply to a brokerage company) Certificate of appropriate practical training by the insurance company or insurance intermediary for the managers of the company who will be responsible for the distribution of these insurance/reinsurance products.
3		Certificate of appropriate practical training by the insurance company or insurance intermediary for the employees declared by the company who will be responsible for the distribution of these insurance/reinsurance products.
4		(The following statement does NOT apply to a brokerage company) Declaration statement by the person for whom the intermediary will carry out distribution of insurance/reinsurance products: (a) agreeing to the extension of the registration of the applicant in one of the prescribed Registers, and (b) that the intermediation agreement has been signed by both parties and meets all the provisions of the Regulations.
5		Evidence of payment of required fees.

**NOTE:**

According to article 394K of the Law, there is an obligation to notify the Superintendent of Insurance of any change that occurs in regards to the information and data contained in the documents submitted in this application, or to any previous applications, no later than thirty (30) days from the change. In case of violation of this provision, the Superintendent of Insurance imposes an administrative fine of up to nine thousand euros (€9.000).

The Superintendent of Insurance reserves the right to request any additional information he may require according to the Insurance and Reinsurance Business and Other Related Issues Laws and Regulations.

## 5. PAYMENT OF FEES

In order for the application to be examined the prescribed fee of €35 (thirty five euro) + €35 (thirty five euro) for each declared manager of the company, has to be paid in accordance with Regulation 39 of the Insurance and Reinsurance matters and Other Related Issues Regulations.

The method of payment is exclusively through bank transfer in the Insurance Companies Control Service account with the Central Bank of Cyprus.

The details of the bank account are as follows:

Account Name	INSURANCE CO. CONTROL SERVICE
Account Number	6001053
Currency	Euro
IBAN No. Paper format	CY19 0010 0001 0000 0000 0600 1053
IBAN No. Electronic Format	CY19001000010000000006001053
SWIFT BIC	CBCYCY2NXXX

During the processing of the payment the following information should be included in the details of the payment.

205
Company Registration No. HE
Certificate No.
Name of the Company

## 6. PERSONAL DATA

The processing of personal data is carried out in accordance with the Law providing for the protection of natural persons with regard to the Processing of Personal Data and for the Free Movement of such Data of 2018 (Law 125(I)/2018) as amended from time to time.

The personal data requested with this Form is stored and processed for the purposes of examining and assessing the present application in accordance with the provisions of the Insurance and Reinsurance Business and Other Related Issues Law of 2016 (Law 38(I)/2016) as amended from time to time.

The management and processing of personal data is done safely and confidentially and is subject to the basic principles of data processing as provided by the General Data Protection Regulation (GDPR).

For any information regarding how personal data is managed, refer to the data protection policy on the website of the Insurance Companies Control Service using the following link: <https://www.mof.gov.cy/mof/iccs.nsf>

7. DECLARATION STATEMENT

I, the undersigned .....(full name) declare responsibly that I am duly authorized to proceed with this Declaration Statement and I certify that all the information I provide is correct and true.

Date: .....

Signature: .....

Full name of applicant: .....