

FORM NO. 3(b)

(Under regulation 6)

THE UNITED REPUBLIC OF TANZANIA

APPLICATION FOR REGISTRATION AS AN INSURANCE

AGENT/LOSS ADJUSTER/INSURANCE SURVEYOR/LOSS ASSESSOR BY
THE..... LIMITED

Address of the registrant

.....
.....
.....

Date.....20.....

To-The Commissioner of Insurance

P. O. Box 9892

Dar es Salaam

Tanzania

Dear Sir,

1. I/We apply for registration of¹.....
..... under section 61 of the
Insurance Act, 2009 an Insurance agent/loss assessors/insurance
surveyor/loss Assessor resident in Tanzania.
2. The registered office of the Company will be at ²
.....

3. The head office of Company will be at ³
-
3. The person managing the business of the Company will be ⁴
- of address
-
5. The Principal Officer of the Company is ⁵
- of address
-
6. The agent/loss assessors/insurance surveyor/loss Assessor is a sole proprietorship/partnership/limited liability company (registered in Tanzania)⁶).
7. The paid-up share capital of the Company is..... Tanzanian Shillings. ⁷
8. The deposits held by a Trustee Bank under the direction of the Commissioner (by Regulation) are..... Tanzanian Shillings⁸
9. The month and day of the financial year end is.....

9

The following information and documentation is attached to this application.

(Note: Failure to provide all the information will result in the return of the application by the Commissioner.)

Statements showing–

- (a) Insurer/insurers whom the agent will work on behalf
- (b) A statement of any links with a Tanzania registered insurer or broker as controlled under section 18 of the Act.
- (c) Statements from each controller, director, partner shareholders with a more than 10% shareholding and manager declaring whether or not they have been:

- (i) adjudged insolvent or bankrupt in any county; or
 - (ii) made an assignment to or an arrangement or compensation with creditors which has been rescinded or set aside; or
 - (iii) been convicted by a Court in any country of an offence involving dishonesty.
- (d) The business and insurance experience, professional qualifications and age of each working controller, manager, director and partner.

Copies of the following documents to be attached to this application:

- (1) The articles of incorporation (or partnership agreements)/**extract** from register.
- (2) Agency agreement.¹⁰
- (3) Registration of Business name.
- (4) Professional Indemnity (errors and omissions)

I/We enclose a cheque made payable to the Tanzania Government for Tanzanian Shillings five hundred thousands (500,000/=) for Agents dealing with a single Principal or Tanzanian Shillings One Million (1,000,000) for Assessors/Surveyors/Loss Adjusters / Agents dealing with more than one Principal AND Tanzanian Shillings 50,000/-/100,000/-(being the registration fee (**Applicable only for first/new registration**) and annual fee respectively. In the event of this application to register as an insurance agent/loss assessors/insurance surveyor/loss Assessor being unsuccessful we understand that this fee shall not be refunded.¹¹

Yours faithfully,

(Authorised Signature) ¹²

.....

Specific Notes

1. The full registered name of the company is to be given (or the name under which a sole proprietorship or partnership will operate.

2. This must be both the physical address of the registered office of a company registered in terms of the Companies Act, or any other law in the United Republic.
3. This must both the physical and postal address in Tanzania.
4. This can be manager, controller, chief executive or principal officer with the executive power to control the policy or day to day activities of the Company.
5. The Principal Officer is defined under the Act as “the person for the time being responsible for the daily management of the principal officer in Tanzania, of the insurer or broker.”
6. Delete whichever is not applicable.
7. This must be such that the physical and postal locations of the bank(s) are clearly shown.
8. Where no direction has been given by the Commissioner insert “No direction received” to this question.
9. Where the current financial period in question is in respect of a period lesser or greater than one year the dates of the period should be stated.
10. An agent should be in possession of an agency agreement detailing the full terms and conditions of agency. Where there is no written agreement the applicant should provide a statement detailing his understanding of the terms under which business is carried out between the parties.
11. The payment of the registration fee is in respect of the application to register as an agent/loss assessors/insurance surveyor/loss Assessor. In the event that such application is rejected (other than because of insufficient information or documentation of registration the fee so paid will also include the first year’s annual registration fee.
12. The application should be signed by the Principal Officer, but may be signed by a Director of the company.

OTHER PARTICULARS OF THE APPLICANT

A. OTHER PARTICULARS OF APPLICANT:

1. The Licence is applied for the period from.....20..... To
.....20.....

2. Contacts

Telegraphic Address:

Fax No.: **Tel. No.**

Mob. No:

e-mail No.....

2. Location of Offices:

Principal Office:

(Give address)
.....
.....
.....

3. NUMBER OF PREVIOUS LICENCE:

DATE OF EXPIRY:

APPLICATION FEE PAID:

(indicate date of Receipt number)

ANNUAL FEE PAID:

(indicate date of Receipt number)

B. PARTICULARS OF:

- (i) Members of Board of Directors (Appendix A)
- (ii) Principal Officer and other Management Staff (Appendix B)
- (iii) Principal Company (ies) together with their addresses.

C. PROFESSIONAL INDEMNITY INSURANCE:

Insurer:.....

Policy No.:.....

Period of Insurance: From:To:

Limit of Indemnity:

(Please enclose a true copy of the Policy)

D. PARTICULARS OF BANKERS:

(i)	Name	Address	Since when
1.
2.
3.

(Please attach a true copy of the Fixed Deposit Receipt for Minimum Paid-up Share Capital Shs. 10m/=) or confirmation letter from your Bankers where you have deposited the Paid up Share Capital.

E. PARTICULARS OF DIRECTORS:

- (i) Is the applicant or a director or an employee of the applicant a director or employee or shareholder of an Insurer or Broker or agent or any other member of the Insurance Industry?

If so, give details specifying the Name of the Member, nature and extent of Shareholding/Interest.

PARTICULARS OF BOARD OF DIRECTORS

APPENDIX 'A'

S/N	FULL NAME	CITIZENSHIP	RESIDENTIAL ADDRESS	OCCUPATION	DATE OF APPOINTMENT	NO. OF SHAES HELD (SEE NOTE 1 BELOW)	COURT CONVICTION (SEE NOTE 2 BELOW)			INTEREST IN ANY MEMBER OF INSURANCE INDUSTRY		
							(a)	(b)	(c)	Nature of Business	Name	Details of Interest
							1					
2												
3												
4												
5												
6												
7												
8												
9												
10												

PRINCIPAL OFFICER

(NAME & SIGNATURE)

DATE:

- Note:
1. If the Shareholding consists of two or more types of shares, details should be given separately of the type, number and total paid-up values of each type of shares. If additional shares are held in the names of any relatives (who are not directors themselves) of the Director, particulars of the same should be given separately.
 2. Has there been in the past:-
 - (a) Any conviction of an offence involving fraud or dishonesty?
 - (b) Any adjudication of bankruptcy or Insolvency for any Director?
 - (c) Finding to be of Unsound mind by a Court of competent jurisdiction? Please state YES or NO and if the answer is YES, give full details separately.
 3. If the space herein is insufficient, please use additional paper.

PARTICULARS OF MANAGEMENT TEAM

APPENDIX 'B'

S/N	FULL NAME	CITIZENSHIP	RESIDENTIAL ADDRESS	OCCUPATION	DATE OF APPOINTMENT	NO. OF SHAES HELD (SEE NOTE 1 BELOW)	COURT CONVICTION (SEE NOTE 2 BELOW)			INTEREST IN ANY MEMBER OF INSURANCE INDUSTRY		
							(a)	(b)	(c)	Nature of Business	Name	Details of Interest
1												
2												
3												
4												
5												
6												
7												
8												
9												

PRINCIPAL OFFICER

DATE:

(NAME & SIGNATURE)

- Note:
1. If the Shareholding consists of two or more types of shares, details should be given separately of the type, number and total paid-up values of each type of shares. If additional shares are held in the names of any relatives (who are not directors themselves) of the Director, particulars of the same should be given separately.
 2. Has there been in the past:-
 - (a) Any conviction of an offence involving fraud or dishonesty?
 - (b) Any adjudication of bankruptcy or Insolvency for any Director?
 - (c) Finding to be of Unsound mind by a Court of competent jurisdiction? Please state YES or NO and if the answer is YES, give full details separately.
 3. If the space herein is insufficient, please use additional paper.