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| **APPLICATION AND NOTIFICATION FORM IF006**  **APPLICATION FOR APPROVAL OR NOTIFICATION OF THE APPOINTMENT OF KEY PERSONS** |

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| **Purpose of this document**  This application and notification form needs to be completed when applying for approval for or notifying of the appointment of key persons and, as required under section 14 and section 15 of the Insurance Act, No 18 of 2017 (the Act).  This application and notification form should be completed for each key person. |

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| **Important information to complete this form**  Before completing this form, read the Fact Sheet Application and Notification Forms (Fact Sheet) that is available on the website of the SARB. The Fact Sheet contains important information on consent and declarations required. Please note: this application could include a prescribed fee, in accordance with [Prudential Standard IAF](http://www.resbank.co.za/PrudentialAuthority/Insurers/Post%20Insurance%20Act/Legislation%20and%20Regulatory%20instruments/Prudential%20Standards/Documents/Prudential%20Standard%20IAF.pdf), 2019 with the process for payment found [here](http://www.resbank.co.za/PrudentialAuthority/Insurers/Post%20Insurance%20Act/Legislation%20and%20Regulatory%20instruments/Prudential%20Standards/Documents/Process%20for%20payment%20of%20fees%20prescribed%20in%20terms%20of%20the%20Insurance%20Act.pdf). |

## Company information and reason for approval or notification

* 1. Is this submission an application or notification form?

**Application**

**Notification**

* 1. Does this application or notification relate to:

**Insurer**

**Controlling company**

**Microinsurer**

**Lloyd’s**

**Branch of a foreign reinsurer**

* 1. Provide the following additional details for this application or notification:

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| **Insurer/Insurance group/Microinsurer/ Lloyd’s/Branch number** |  |
| **Insurer/Insurance group/Microinsurer/ Lloyd’s/Branch name** |  |
| **Name of person in respect of whom the application or notification is made** |  |
| **Effective date for which approval is requested / Effective date for the notification** | YYYY/MM/DD |

* 1. Describe the reason for this application or notification

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## Contact and Basic Information

* 1. Contact details of the person for correspondence related to this form

This must be someone who works for the company and not a professional advisor.

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| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **Position** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* 1. Details of professional advisors

#### Have you used third-party professional advisors to help with this form?

**No** 🡺 Continue to section 2.3

**Yes** 🡺 Complete the remainder of this section

#### Provide the name and contact details of the third-party professional advisor(s) used (i.e. the consultants, auditors, actuaries and/or lawyers used in compiling this form).

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| **Name of firm** |  |
| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **Position** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* 1. Other information

#### Is there any additional information that is not requested elsewhere in this form that is relevant for the Prudential Authority to assess this form?

**No** 🡺 Continue to section 3

**Yes** 🡺 Complete this section

#### Provide a summary or list of the additional information, including the reasons for providing this additional information and attach to this form.

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## Specific Information

* 1. Specification of key person

#### Is the key person an individual or legal entity?

**Individual**

**Legal entity**

#### This form for approval or notification is being completed for a:

**Key person** 🡺 complete section 3.2

* 1. Information on key person

#### This form for approval or notification of a key person is being completed for a:

**Director 🡪** Continue to question 3.2.2

**Auditor** **🡪** Continue to question 3.2.3

**Head of a control function 🡪** Continue to question 3.2.3

**Senior Manager 🡪** Continue to question 3.2.3

**Representative** **🡪** Continue to question 3.2.3

**Deputy Representative** **🡪** Continue to question 3.2.3

**Trustee 🡪** Continue to question 3.2.3

**Key** **person other than the above (Specify) 🡪** Continue to question 3.2.3

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#### For director appointment, indicate the type of directorship

Executive Director

Non-Executive Director

Independent Non-Executive Director

Alternate Director

Other (**Specify**)

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#### Provide reason(s) for the change/appointment in key person.

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#### Provide the details of the key person, in respect of whom this submission is made, in the Excel template accompanying this form (sheet *Key person information*).

#### Does the key person have any other relevant experience, not indicated in question 3.2.4, relevant to the position applied for?

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#### Attach the following information related to the key person:

* Verification report or certified[[1]](#footnote-1) copies of academic and professional qualifications[[2]](#footnote-2);
* A certified copy of the key person’s identity document or passport if not a South African citizen;
* A credit report (not older than six months)[[3]](#footnote-3); and
* A police clearance certificate[[4]](#footnote-4) (within four months of application).

#### Do any of the items listed in section 6.3 of Governance and Operational Standards for Insurers Fitness and Propriety (GOI 4) apply to the key person in respect of whom the submission is made?

**No 🡪** Continue to section 4

**Yes** **🡪** Continue to question 3.2.8

#### Attach evidence of the matter that may bring the competence or integrity of the key person into question, as referred to in question 3.2.7.

#### Please provide justification why, in the opinion of the board of directors or other relevant oversight body, the key person is deemed to be fit and proper.

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## Attachment Checklist

* 1. Compulsory attachments

Please complete the following table with details of the attachments provided.

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| A1 | 3.2.4 | Excel template |  |  |
| A2 | 5 | Consent and Declarations |  |  |
| A3 | [Prudential Standard IAF, 2019](http://www.resbank.co.za/PrudentialAuthority/Insurers/Post%20Insurance%20Act/Legislation%20and%20Regulatory%20instruments/Prudential%20Standards/Documents/Prudential%20Standard%20IAF.pdf) | Proof of payment (where applicable) |  |  |

* 1. Other Attachments

Complete the following table with details of the attachments provided, also indicating the number of pages of each attachment. For example, attachments might be required if there was not sufficient space to include the information in the form itself or if your responses in this form refer to external documents. Add additional rows for each attachment included:

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| e.g. B1 | 2.2 | Contact details of professional advisors | 8 |  |

## Consent and Declarations

To assess the application or notification, the Prudential Authority needs to ensure that the information in the application or notification is accurate and complete, and may be verified and shared with other regulatory authorities. Please see the Fact Sheet on the SARB website for the required consent and declarations that must accompany this form.

1. Certified copies may not be older than three months [↑](#footnote-ref-1)
2. International qualifications should be verified by the South African Qualifications Authority (SAQA) [↑](#footnote-ref-2)
3. A credit report is not required for external auditors [↑](#footnote-ref-3)
4. A police clearance is not required for external auditors [↑](#footnote-ref-4)