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| **APPLICATION FORM IF026**  **APPLICATION FOR APPROVAL TO APPOINT A TRUSTEE OR LIQUIDATOR FOR THE WINDING-UP OF AN INSURER OR CONTROLLING COMPANY** |

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| **Purpose of this document**  This application form needs to be completed when applying for approval of the appointment of a trustee or a liquidator for the winding up of an insurer or controlling company, as required in terms of section 58(4) of the Insurance Act, 2017 (the Act). |

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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

* 1. Does this application relate to:

**Insurer**

**Controlling company**

* 1. Provide the following details for this application:

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| --- | --- |
| **Insurer/Insurance group number** |  |
| **Insurer/Insurance group name** |  |
| **Name of individual in respect of whom the application is made** |  |
| **Effective date for which approval is requested** | YYYY/MM/DD |

* 1. Provide the reason for seeking approval

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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 insurance 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). This information should be included in an attachment accompanying this form, e.g.:

|  |  |
| --- | --- |
| **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 question 2.3.2

#### 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. Information on the practitioner in respect of whom the application is made

#### Provide the details of the practitioner (trustee or liquidator) in respect of whom this application is made.

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| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **ID number or passport number if not SA citizen** |  |
| **Contact number** |  |
| **Email address** |  |

#### Provide details of the proposed trustee or liquidator’s expertise, experience and resources that will make this person suitable to be appointed as a trustee or liquidator of the insurer.

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#### Provide details of any involvement of the trustee or liquidator in the management, administration, valuation, auditing or business rescue proceedings of the insurer.

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#### Provide details of any potential conflicts of interest of the trustee or liquidator in performing their duty as trustee or liquidator of the insurer.

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#### Provide the details of the company the trustee or liquidator is employed by.

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| **Name of the company** |  |
| **Business Telephone number** |  |
| **Email address** |  |
| **Postal address** |  |
| **Physical address at main place of business** |  |

## Attachment Checklist

* 1. Compulsory attachments

Complete the following table with details of the attachments provided.

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| A1 | 5 | Consent and Declarations |  |  |

* 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.