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| **APPLICATION FORM IF069**  **APPLICATION FOR APPROVAL TO APPOINT AN INDEPENDENT PERSON** |

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| **Purpose of this document**  This application form needs to be completed when applying for approval to appoint an independent person, as required in terms of sections 31(6), 36(3), 36(4) and 49(2) 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 notification relate to:

**Insurer**

**Controlling company**

**Microinsurer**

* 1. Provide the following details for this application:

|  |  |
| --- | --- |
| **Insurer/Insurance group/Microinsurer number** |  |
| **Insurer/Insurance group/Microinsurer name** |  |
| **Effective date for which approval is requested** | YYYY/MM/DD |

* 1. Describe the reason(s) for seeking this 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 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 application?

**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. Information on the person in respect of whom the application is made

#### Does this approval form relate to the appointment of a person in terms of:

**Section 31(6) of the Act for an independent review of the governance framework of the insurer.**

**Section 36(3) of the Act to determine a reasonable value in respect of the financial soundness of the insurer or controlling company.**

**Section 36(4) of the Act for an independent review of any principle, method, assumption, technique, adjustment, calibration, parameter, calculation or model of an insurer or controlling company used or applied in respect of its financial soundness.**

**Section 49(2) of the Act to secure a report in the form, manner and containing the information as required by the Prudential Authority.**

* 1. Information of the key person

#### Provide the details of the person 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 the following details of the company at which the person is employed:

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| --- | --- |
| **Company name** |  |
| **Company registration number** |  |

#### Provide details of the expertise and experience of the person that will make this person suitably skilled to perform the function selected in question 3.1.1.

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#### Disclose any conflict of interest between the person or the company they are employed at and the insurer or its management.

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#### Provide details about the person’s remuneration for performing the task to which this approval form relates.

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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 | 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.