



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 BY A NATURAL PERSON FOR THE RENEWAL OF  
REGISTRATION IN A REGISTER OF INSURANCE/REINSURANCE  
INTERMEDIATION

STAMP

Submitted in accordance with the provisions of the Insurance and Reinsurance Business and Other Related Issues Law ("the Law") and concerns information required for the registration renewal of a proposed person in a register of insurance/reinsurance intermediation.

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.

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 N/A in the blank space.

1. PERSONAL INFORMATION

1.1 Full Name

.....

1.2 Date and place of birth

Date of birth: .....

Place of birth: .....

1.3 Identity Card Number (ID) or Passport Number

ID Number: .....

Country of issue: .....

Expiration date: .....

---

Passport Number: .....

Country of issue: .....

Expiration date: .....

1.4 Nationality/ies

.....

1.5 Work Address

Street Name & Number: .....

Postal Code: .....

Municipality/Parish/Village and City: .....

Country: .....

1.6 Postal Address

P.O. Box: .....

Postal Code: .....

1.7 Residence Address

Street Name & Number: .....

Postal Code: .....

Municipality/Parish/Village and City: .....

Country: .....

1.8 Contact details

Work Tel. No.: .....

Residence Tel. No.: .....

Mobile No.: .....

Fax: .....

E-mail: .....

2. RENEWAL INFORMATION OF A NATURAL PERSON

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

	Register	Class		Insurance Company or Insurance Intermediary
		General	Life	
1	Register of Insurance Agents			..... .....
	Register of Insurance Sub-Agents			..... .....
	Register of Insurance Advisors			..... .....
2	Register of Tied Insurance Advisors			..... .....
3	Register of Ancillary Insurance Intermediaries			..... .....
4	Register of Insurance Brokers			N/A

2.2 If you have stated above that you 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 √ if you are going to carry out insurance and/or reinsurance business:

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

2.4 Mark with √ if you carry out any work other than insurance/reinsurance distribution activities:

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

If yes, provide details of this work

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

2.5 In case you employ personnel who will be directly involved in the distribution of insurance/reinsurance products, fill in their details:

Full name	Identity Card Number (or Passport Number)
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

## 3. CERTIFICATES/DECLARATIONS

The application must be accompanied by the following certificates/declarations required by the Insurance and Reinsurance Business and Other Related Issues Regulations ("the Regulations").

Mark with  the certificates/declarations that you will submit.

A/A	<input checked="" type="checkbox"/>	
1	<input type="checkbox"/>	Declaration statement that all the requirements of continuous professional training and development have been met in accordance with the provisions of article 361 of the Law and Regulation 33, together with a list of the relevant training. (for the intermediary and the employees declared by the intermediary)
2	<input type="checkbox"/>	Certificate of appropriate practical training in case any data related to the distribution of insurance / reinsurance products have changed. (for the intermediary and the employees declared by the intermediary)
3	<input type="checkbox"/>	A clean criminal record certificate obtained by the Chief of Police and bearing a date not earlier than three months from the date of submission of the application. (If the applicant is a national of another Member State or a third country, the certificate must be submitted in accordance with Regulation 15)
4	<input type="checkbox"/>	Certificate of non-bankruptcy obtained by the Official Receiver and bearing a date not earlier than three months from the date of submission of the application. (If the applicant is a national of another Member State or a third country, the certificate must be submitted in accordance with Regulation 15)
5	<input type="checkbox"/>	Certificate of professional liability insurance. (Note: the intermediaries must have at the time of their initial registration and throughout the time during which they carry out insurance/reinsurance distribution activities professional liability insurance covering the entire territory of the EU and the EEA)
6	<input type="checkbox"/>	Statement by the person on whose behalf the applicant will carry out distribution of insurance/reinsurance products agreeing to the renewal of his/her registration in one of the prescribed Registers. (Does not apply to an Insurance Broker)
7	<input type="checkbox"/>	Statement by the person on whose behalf the applicant carries out distribution of insurance/reinsurance products related to the examination of complaints by the insurance intermediary in accordance with the Orders issued by the Superintendent of Insurance dated 30/1/2015. This statement is not required if it is included in the intermediation agreement. (Does not apply to a Tied Insurance Advisor or an Insurance Broker)
8	<input type="checkbox"/>	If the application concerns an Insurance Broker: A copy of the business distribution list of the insurance / reinsurance companies with which the intermediary cooperated during the previous year.
9	<input type="checkbox"/>	If the application concerns an Insurance Broker: Confirmation of financial capacity corresponding, on a permanent basis, to four percent (4%) of the annual premiums collected, with a minimum of nineteen thousand five hundred and ten euros (€19.510) or as amended from time to time.

**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 with this application 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).

#### 4. 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>

5. DECLARATION STATEMENT

I, the undersigned ..... (full name) declare responsibly that:

- a) The information provided in this Form and the information provided in the supporting documentation is accurate and complete to the best of my knowledge and belief, and I agree to provide the Superintendent of Insurance and the Insurance Companies Control Service (namely "ICCS") with any supplementary information and clarifications required in connection with the completion of the evaluation and examination of this Form.
- b) I will promptly notify the Superintendent of Insurance and the ICCS of any changes in the information which I have provided and provide in writing, the details of such changes and any other relevant material information included in this Form and in any supporting documentation which I may become aware at any time after the date of this declaration.
- c) I understand that the provision of false, misleading information to the Superintendent of Insurance and the ICCS is an offence in accordance with the provisions of article 403 of the Law.
- d) I authorize the Superintendent of Insurance and the ICCS to require from the appropriate authorities/ organizations any information deemed necessary for purposes of confirmation of any information and data included in this Application Form or in any supporting documents.
- e) I understand that any personal data provided to the Superintendent of Insurance, the ICCS and its duly authorized staff will be used to discharge their statutory duties under the provisions of the Law and may be disclosed to third parties for those purposes. I hereby, irrevocably authorize and freely give my explicit consent to the Superintendent of Insurance and the ICCS, with the present declaration and with complete conscience, to treat my personal data, sensitive or not, according to the Protection of Natural Persons with regard to the Processing of Personal Data and for the Free Movement of such Data Law of 2018, as may be amended from time to time.
- f) I understand that all my personal data will be considered confidential, as per the provisions of the above Laws, and will enjoy confidential treatment by the Superintendent of Insurance, the ICCS and its duly authorized and suitably trained staff for handling such data.
- g) I understand that according to the General Data Protection Regulation (EU 2016/679) as amended from time to time, I have the right of information and access, the right of requesting corrections and erasure of the data in question as well as the right of objection, and the right to withdraw my consent at any time, all of which should be expressed in writing.
- h) I confirm that I am not involved or have never been engaged, directly or indirectly in any criminal actions or in any activities which might be used in the promotion, advancement, assistance, instigation of economic crime or that could be considered that they might be used in the promotion, advancement, assistance or instigation of economic crime.
- i) I understand that whenever I am required and/or it is deemed appropriate by the Superintendent of Insurance and the ICCS, I will offer my assistance and cooperation in order to achieve compliance with the above. I, finally, understand that the Superintendent of Insurance, the ICCS and its duly authorized staff will be responsible for the processing of my personal data.

This declaration applies to both current as well as to any future data and information related to me.

Date: .....

Signature: .....

Full name of the applicant: .....