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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms - Annex** |
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| **Annex AX19: Passporting Notification for Freedom of Services** |
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| **High Level Guidelines** |
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| 1. General   This form, **Annex AX19:** **Passporting Notification for** **Freedom of Services** (‘Annex’), shall be duly filled in by persons who are either currently seeking to obtain authorisation from the MFSA to carry out business of insurance or reinsurance, or by an Insurance Undertaking authorised by the MFSA and whose part (or all) of its activities will be based on the Freedom to provide Services in another Member State.  Where an Authorisation Application is being submitted this Annex shall be filed as part of and in conjunction with the relevant Authorisation Application Form, as indicated therein. Where an MFSA authorisation to carry out business of insurance or reinsurance has already been issued, the respective Authorised Person shall submit this Annex prior to exercising its passporting rights under the Freedom of Services in accordance with the applicable rules.  In this respect, the Applicant shall to the best of its knowledge, provide information, which is truthful, accurate and complete. The Applicant shall notify the MFSA immediately if the information provided changes in any material respect either prior to or subsequent to authorisation.  The Applicant is required to make reference, and where applicable comply with, the relevant Act, the Regulations made, or Rules issued thereunder during the completion of the Application. The Applicant shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable.  The Applicant shall not tamper with, or modify in any manner, this Annex or its respective Application. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the submission to be invalid. Any potential improvements should be communicated to the MFSA for consideration.  The Authority may at its sole discretion request from the Applicant further information/ documentation.   1. Definitions   Unless otherwise specified, terms used in this Annex shall have the same meaning assigned to them within the MFSA Authorisation Form AA12.  For the purposes of this Annex the following shall mean:   |  |  |  |  | | --- | --- | --- | --- | |  |  |  | | | **Applicant** | | any person who is authorised or applying to obtain authorisation under Article 7 of the Act | | **Authorised Person** | | any person who is authorised by the MFSA under Article 7 of the Act |  1. Instructions   A separate Annex for each country is to be submitted where passported services across countries vary.  In order for this Annex to be considered complete, the Applicant is required to complete all the respective sections under this Annex. It is noted that the information provided should reflect the Applicant’s structure and method of operations at time of authorisation or as communicated and approved by the Authority following Authorisation.   1. Privacy Notice   The MFSA ensures that any processing of personal data is conducted in accordance with Regulation (EU) 2016/679 (General Data Protection Regulation), the Data Protection Act (Chapter 586 of the Laws of Malta) and any other relevant European Union and national law. For further details, you may refer to the MFSA Privacy Notice available on the MFSA webpage <https://www.mfsa.mt/privacy-notice/>. |

| 1. Applicant Details | | |
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|  | **Applicant – Identification Details** | |
|  | Registered Name  *(if not yet Formed, provide proposed name)* | Enter text |
|  | Registered Number (*if applicable)* | Enter text |
|  | LEI Code  (*if applicable)* | Enter text |

| 1. Passporting Notification Details | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Passporting Notification** | | | | | | | | | |
|  | **Country** | | | | | | | | | |
|  | Identify the Host Member State/s, where the Applicant intends to operate on a cross border business under Freedom of Services  *Note - Multiple countries can be selected and included within the same submission only in the case where the Applicant intends to passport the same services. A separate Annex is to be submitted where passported services across countries vary.* | | | | | | |  |  | | --- | --- | |  | | |  | Select item | |  | |   *(Add multiple as applicable)* | | | |
|  | **Activities** | | | | | | | | | |
|  | Provide the classes of insurance according to Annexes I and II to the Solvency II Directive and/or the type of reinsurance activity, according to Article 15(5) of the Solvency II Directive which the Applicant is applying for authorisation and intends to Passport | | | | | | | | | |
|  | * 1. Indicate the classes of long-term business which the Applicant proposes to Passport   *Select* ***I*** *for Business of Insurance,* ***R*** *for Business of Reinsurance, and* ***C*** *for Combined Business.* | | | | | | | | | |
|  | |  |  | | --- | --- | | **Long-Term Business Classes** | | | 1. Life and annuity | - | | 1. Marriage and birth | - | | 1. Linked long term | - | | 1. Permanent health | - | | 1. Tontines | - | | 1. Capital redemption | - | | 1. Pension fund management | - | | 1. Collective insurance | - | | 1. Social insurance | - | | | | | | | | | | |
|  | * 1. Indicate the groups of classes of general business which the Applicant proposes to Passport   *Select* ***I*** *for Business of Insurance,* ***R*** *for Business of Reinsurance, and* ***C*** *for Combined Business.* | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **General business and**  **Groups of Classes** | **Classes (I / R / C)** | | | | | | | | | | | | | | | | | | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | | 1. Accident and health  *(classes 1 and 2)* | - | - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | 1. Motor  *(classes 1(d), 3, 7 and 10)* | - |  | - |  |  |  | - |  |  | - |  |  |  |  |  |  |  |  | | 1. Marine and transport  *(classes 1(d), 4, 6, 7 and 12)* | - |  |  | - |  | - | - |  |  |  |  | - |  |  |  |  |  |  | | 1. Aviation  *(classes 1(d), 5, 7 and 11)* | - |  |  |  | - |  | - |  |  |  | - |  |  |  |  |  |  |  | | 1. Fire and other damage to property  *(classes 8 and 9)* |  |  |  |  |  |  |  | - | - |  |  |  |  |  |  |  |  |  | | 1. Liability  *(classes 10, 11, 12 and 13)* |  |  |  |  |  |  |  |  |  | - | - | - | - |  |  |  |  |  | | 1. Credit and suretyship  (*classes 14 and 15)* |  |  |  |  |  |  |  |  |  |  |  |  |  | - | - |  |  |  | | 1. General  *(all classes)* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | | | | | | | | | |
|  | **Passporting Setup** | | | | | | | | | |
|  | **Governance and Operations** | | | | | | | | | |
|  | Provide the below details of the person who is responsible within the Applicant for handling complaints in relation to the Passported activities | | | | | | | | | |
|  | Title | | Select item | | | | | | | |
|  | Name | | Enter text | | Surname | | Enter text | | | |
|  | Identification Document (‘ID’) Type | | Select item | | ID Number | | Enter text | | | |
|  | ID Expiry Date | | Enter date | | Country of Issuance | | Select country | | | |
|  | Where applicable, describe the relevant policyholder guarantee funds in the Home Member State | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Provide details about the nature of the risks or commitments which the Applicant proposes to cover in the Host Member State  *Note - For the purposes of this questions, the provided information shall identify the specific risks or commitments in relation to this passporting intention as opposed to generic references to the whole business operation.* | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Provide a summary of the Applicant’s system of governance, including the risk management system in place  *Note - For the purposes of this question, the summary and information provided shall identify the specific key aspects in relation to this passporting notification as opposed to generic references to the whole business operation.* | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | Provide a description as to how the Passporting activities fits into the Applicant’s strategy | | | | | | | | | |
|  | Enter text | | | | | | | | | |
|  | If the Applicant intends to cover risks in Class 10 in Part A of Annex I to the Solvency II Directive excluding carrier’s liability, provide the below information: | | | | | | | | | |
|  | * 1. Will the Applicant act as a claims representative as referred to in Article 18(1)(h) of the Solvency II Directive? | | | | | | | | Select item | |
|  | * 1. Will the Applicant engage other parties to act as claims representatives as referred to in Article 18(1)(h) Solvency II Directive? | | | | | | | | Select item | |
|  | If ‘*Yes*’: Identify the Claims Representative/s | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | * 1. Claims Representative | | | | | Name of Claims Representative Entity | Enter text | | | | Registration number  *(if applicable)* | Enter text | | | | *Address* | | | | | Number/Name | Enter text | Street/Road | Enter text | | City/Town/Village | Enter text | Region/State  *(if applicable)* | Enter text | | Post Code | Enter text | Country | Select item | |  | | | | |   *(Add multiple as applicable)* | | | | | | | | | |
|  | * 1. Does the Applicant declare that that it has become a member of the National Bureau and National Guarantee Fund of the Host Member State? | | | | | | | Select item | | |
|  | If the Applicant intends to cover risks relating to Legal expenses insurance, specify the option chosen from those described in Article 200 Solvency II Directive: | | | | | | | | | |
|  | Option (a)  An authorised insurance undertaking shall ensure that no member of staff who is concerned with the management of claims under legal expenses insurance contracts, or with legal advice in respect of such claims, carries on at the same time any similar activity:  (i) in relation to another class of general insurance business carried on by the undertaking; or  (ii) in any other undertaking having financial, commercial or administrative links with the first undertaking, which carries on one or more other classes of general business;  Option (b)  An authorised insurance undertaking shall entrust the management of claims under legal expenses insurance contracts to an undertaking having separate legal personality which shall be mentioned in the separate section as referred to in paragraphs 11.2.5 of Chapter 11 of the Insurance Business Rules:  Provided that, where the undertaking having separate legal personality has links to another authorised insurance undertaking which carries on one or more other classes of general business, specified in Part 1 of the Third Schedule to the Act, members of the staff of the undertaking having separate legal personality who are concerned with the management of claims, or with providing legal advice connected with such management of claims or with legal advice connected with such management, shall not carry on the same or similar activity in that other insurance undertaking at the same time;  Option (c)  The authorised insurance undertaking shall, in the policy, provide the insured the right to entrust the defence of his interests, from the moment that he has the right to claim from the insurance undertaking under the policy, to a lawyer of his choice or, to the extent that the law of the relevant forum so permits, to any other appropriately qualified person. | | | | | | | | Select item | |
|  | **Distribution Channels** | | | | | | | | | |
|  | Will local third or related parties be involved in the Applicant’s underwriting activities in the Host Member State, including but not limited to the foreseen distribution partners in the Host Member State? | | | | | | | | Select item | |
|  | If ‘*Yes’:* identify the local third or related parties | | | | | | | | | |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | * 1. Local Third or Related Parties | | | | | | | | Registered Name | Enter text | Registered Number | Enter text | | Name of Regulatory Body | Select item | If ‘*Other*’:  Name of Regulatory Body | Enter text | | *Address* | | | | | Number/Name | Enter text | Street/Road | Enter text | | City/Town/Village | Enter text | Region/State  *(if applicable)* | Enter text | | Post Code | Enter text | Country | Select item | | **Attachment | Draft** **Local Third or Related Parties** **Contract** | | | | |  | | | | | |   *(Add multiple as applicable)* | | | | | | | | | |
|  | Does the Applicant intend to engage any establishments (other than the head office of the insurance undertaking), situated in the Member State, other than the Home Member State from which the Applicant intends to provide its services? | | | | | | | | Select item | |
|  | If ‘*Yes’:* identify the Establishment/s | | | | | | | | | |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | * 1. Establishment Details | | | | | | | Name | Enter text | | | | *Address* | | | | | Number/Name | Enter text | Street/Road | Enter text | | City/Town/Village | Enter text | Region/State  *(if applicable)* | Enter text | | Post Code | Enter text | Country | Select item | |  | | | | | |  1. *(Add multiple as applicable)* | | | | | | | | | |
|  | Indicate the proposed sources of insurance business   1. *Note - Where this Annex is being submitted in relation to more than one country, add a repeating section for each country this Annex relates to.* | | | | | | | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | |  | |  | Country | | Select item | | |  | | | | | | Source of Business | | | | Confirmation | | Direct Marketing | | | | Select item | | Branch Offices | | | | Select item | | Insurance Agents | | | | Select item | | Insurance Brokers | | | | Select item | | Tied Insurance Intermediaries | | | | Select item | | Ancillary Insurance Intermediaries | | | | Select item | | Other | | Enter text | | | | *(Add multiple as applicable)* | | | | |   *(Add multiple as applicable)* | | | | | | | | | |
|  | **Prudential** | | | | | | | | | |
|  | **Financial Projections** | | | | | | | | | |
|  | Provide the below estimates for the first three financial years for each country identified in question 2.1.1.1 | | | | | | | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | |  | Country | Select item | | | |  |  | | | | |  |  | Year 1 | Year 2 | Year 3 | |  | Management expenses, in particular general expenses and commissions (excluding installation costs) | Enter text | Enter text | Enter text | |  | Premiums or contributions and claims | Enter text | Enter text | Enter text | |  | Projected loss ratio of the portfolio | Enter text % | Enter text % | Enter text % | |  | Other projected technical indicators (*if available*) | Enter text | Enter text | Enter text | |  | | | | | | | | | | | | | | |
|  | Does the Applicant hereby confirm that it shall continue to satisfy the Solvency Capital Requirements and the Minimum Capital Requirement, in accordance with articles 15 and 17 of the Act, respectively? | | | | | | | Select item | | |
|  | **Information relating to Authorised Persons**  *Note - the following is to be completed only where this application is being submitted by an MFSA Authorized Person under Article 7 of the Act to carry out business of insurance or reinsurance.* | | | | | | | | | |
|  | **Authorised Persons belonging to a cross-border group** | | | | | | | | | |
|  | Name of group Supervisor | Select item | |  | | If ‘*Other*’: Name of group Supervisor | | | | Enter text |
|  | Last reported group solvency position (ratio) | Enter text % | | | | | | | | |
|  | **Attachment | Group Structure Diagram** | | | | | | | | | |
|  | **Attachment | Organigram**  *This should indicate:*   * 1. the composition of the Management Body; and   2. the Key function holders, and where these are outsourced, also indicate the individuals within the Authorised Person who hold oversight responsibilities. | | | | | | | | | |

| 1. Attachments Checklist |
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| Please fill in the below checklist and ensure that all necessary documentation is attached and submitted together with this Annex. |
| |  |  |  | | --- | --- | --- | |  | Draft Local Third or Related Parties Contracts (*if applicable*) | Enter number of submissions | |  | Group Structure Diagram\* | Select item | |  | Organigram\* | Select item | |

\* Only applicable to Authorised Persons

| 1. Declaration Form   *Note - Not applicable when submitted with an Authorisation Application Form* | | | | | | |
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|  | **Declaration** | | | | | |
|  | The undersigned, on behalf of the Authorised Person, declares that the information given in answer to the questions within this Annex, is complete and accurate to the best of their knowledge. | | | | | |
| Signature | |  |  | | |
| Name | | Enter text | | Surname | Enter text |
| Position | | Enter text | | |
| Authorised Person  ID | | Enter text | | |
| Date | | Enter date |