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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms**  |
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| **Form AA48: Passporting – Notification of commencement of Freedom of Services or Establishment for Intermediaries** |
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| 1. General

This form, Form **AA48:** **Passporting – Notification of commencement to Freedom of Services (“FOS”) or Establishment (“FOE”) for Intermediaries (‘Notification’)**, emanates from the requirements contained in subsidiary legislation SL 487.07 European Passport Rights for Intermediaries Regulations and also from the Decision on Collaboration of the insurance supervisory authorities issued by EIOPA.This form shall be duly filled in by persons who are either currently seeking to obtain authorisation from the MFSA to carry out distribution business of insurance or reinsurance, or by an Insurance Intermediary authorised by the MFSA and whose part (or all) of its activities will be based on the Freedom of Establishment / Freedom of Services in another Member State. **In case of FOS, a separate and fully complete Notification is to be submitted for each country where passported services across countries vary.****In case of FOE, a separate Notification should be completed for every country the applicant intends to passport.** Where an Authorisation Application is being submitted this Notification 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 distribution business of insurance or reinsurance has already been issued, the respective Authorised Person shall submit this Notification prior to exercising its passporting rights under FOE/FOS in accordance with the applicable rules. The Authorised Person shall, to the best of its knowledge, provide information, which is truthful, accurate and complete. The Authorised Person shall notify the MFSA immediately if the information provided changes or is no longer relevant.The Authorised Person 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 Notification. The Authorised Person shall also refer to the respective National and/or European Regulatory Frameworks or other binding regulation as may be applicable. The Authorised Person shall not tamper with, or modify in any manner, this Notification. 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 Authorised Person further information/ documentation.

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| Type of Notification |

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| * Select item
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1. Definitions

For the purposes of this Notification the following shall mean:

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| **Applicant****Authorised Person** | any person who is applying to obtain authorisation under Article 7 of the Actany person who is authorised by the MFSA under Article 13 of the Insurance Distribution Act.  |

1. Instructions

The Applicant / Authorised Person is required to complete all the respective sections under this Notification.1. **Section 1 – Intermediary Details** - This section should be duly completed by all Applicants / Authorised Persons submitting this Notification.
2. **Section 2 – General Passporting Details** – This section should be duly completed by all Applicants / Authorised Persons submitting this Notification.
3. **Section 3 – Governance and Operation** – This section should be duly completed by all Applicants / Authorised Persons submitting this Notification.
4. **Section 4 – Freedom of Service (FOS) Passporting Details** – This section is to be completed by Intermediaries wishing to passport under Freedom of Services (FOS).
5. **Section 5 – Freedom of Establishment (FOE) Passporting Details** – This section is to be completed by Intermediaries wishing to passport under Freedom of Establishment (FOE).
6. **Section 6 – Checklist and Declaration** – This section should be duly completed by all Applicants / Authorised Persons submitting this Notification.
7. 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. Intermediary Details
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|  | **Insurance Intermediary Details***Note: This section is applicable to all.* |
|  | **Details** |
|  | Registered Name  | Enter text |  | Registered Number | Enter text |
|  | LEI Code *(if available)* | Enter text |  | Authorisation/Application ID | Enter text |
|  | **Address** |
|  | Number/Name | Enter text |  | Street/Road | Enter text |
|  | City/Town/Village | Enter text |  | Region/State | Enter text |
|  | Post Code | Enter text |  | Country | Select country |
|  | **Contact Details** |
|  | Contact Person | Enter text |
|  | Business Email Address | Enter text |
|  | **Additional Information** |
| * + - 1.
 | Has the Intermediary ever tried to conduct insurance activities in the jurisdiction where business is being proposed, both before authorisation was granted by the MFSA and whilst authorised by the MFSA? | Select item |
|  | If in the affirmative, provide further details. | Enter text |

| 1. General Passporting Details
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|  | **Additional Intermediary Passporting Details***Note: This section is applicable to all.* |
|  | Category of Intermediary | Select item |
|  | Name of the (re)insurance undertaking/s or intermediary/ies represented *(If applicable)* | Enter text |
|  | The classes of insurance for which the Intermediary is enrolled (If applicable) | Enter text |
|  | The classes of insurance which the Intermediary intends to passport in the Host Member State *(if applicable)*  |
|  | 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 Authorised Person would like to add or discontinue from passporting into the Host Member State. |
|  | * + 1. Complete the applicable section by indicating the applicable class/es.

*Select* ***I*** *for Business of Insurance,* ***R*** *for Business of Reinsurance, and* ***C*** *for Combined Business.* |
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| **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
 | - |

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|  | * + 1. Complete the applicable section by indicating the applicable class/es.

*Select* ***I*** *for Business of Insurance,* ***R*** *for Business of Reinsurance, and* ***C*** *for Combined Business.* |
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| Groups | Classes | Insurance/ Reinsurance/ Combined Business |
| Accident and health *(classes 1 and 2)* |

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| Select item | Select item |

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| Motor *(classes 1(d), 3, 7 and 10)* |

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| Select item | Select item |

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| Marine and transport *(classes 1(d), 4, 6, 7 and 12)* |

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| Select item | Select item |

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| Aviation *(classes 1(d), 5, 7 and 11)* |

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| Select item | Select item |

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| Fire and other damage to property *(classes 8 and 9)* |

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| Select item | Select item |

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| Liability *(classes 10, 11, 12 and 13)* |

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| Select item | Select item |

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| Credit and suretyship (*classes 14 and 15)* |

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| Select item | Select item |

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| General *(all classes)* |

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| Select item | Select item |

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|  | If the Intermediary has underwriting authority and 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: |
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| **Claims Representative** |
| Name of Claims Representative Entity | Enter text | Registration or Identification Number *(as applicable)* | Enter text |
| **Address** |
| Number/Name | Enter text | Street/Road | Enter text |
| City/Town/Village | Enter text | Region/State | Enter text |
| Post Code | Enter text | Country | Select country |
| **Contact** |
| Email Address | Enter text |

*(Add multiple as applicable)* |
|  | If the Intermediary has underwriting authority and intends to cover risks relating to **Class 17 - Legal expenses insurance**, specify the option chosen from those described in Article 200 Solvency II Directive: | Select item |
|  | 1. **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:
* in relation to another class of general insurance business carried on by the undertaking; or
* 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;
1. **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;
1. **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.
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|  | If the Intermediary has underwriting authority and intends to cover risks relating to **Class 18** - Assistance, provide details on the Intermediary taking over assistance services or the resources available to the insurance intermediary to provide the promised assistance |
|  | Enter text |
|  | If the Intermediary intends to cover risks relating to **long-term business**, kindly provide details relating to: |
|  | (a) The client onboarding process | Enter text |
|  | (b) Whether the distribution activities will be carried out on advisory/non-advisory basis | Enter text |
|  | Provide a detailed description of the distribution activities the Intermediary intends to carry out in the Host Member State: |
|  | Enter text |
|  | Provide a detailed description of the characteristics of the product(s) that will be marketed in the Host Member State: |
|  | Enter text |
|  | Provide details on the Intermediary's ability to comply with the national specificities of the Host Member State by explaining the assessment that has been carried out to this effect prior to the submission of the notification and how the Intermediary will monitor this aspect on an ongoing basis. |
|  | Enter text |

1. Governance and Operation – Intermediaries

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|  | **Governance and Operation** |
|  | Specify whether the Intermediary will have any delegated authority. If in the affirmative provide further details on the terms of the arrangement in relation to underwriting authority limits, claims handling authority and distribution channels. Moreover, please also provide details of the expertise which the Intermediary holds in underwriting and claims. |
|  | Enter text |
|  | Will the Intermediary have any sub-delegation authority to engage with Third-Parties?  | Select item |
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| **Third-Party Intermediary Details**Indicate whether the Third-Party Intermediary is regulated Select itemSelect the Regulatory Authority for the Third-Party Intermediary Select itemIf in the affirmative, provide the details of the Third-Party Intermediary:**General Details** |
| Registered Name | Enter text | Registered Number | Enter text |
| LEI Code | Enter text | Authorisation/Application ID | Enter text |
| **Address** |
| Number/Name | Enter text | Street/Road | Enter text |
| City/Town/Village | Enter text | Region/State | Enter text |
| Post Code | Enter text | Country | Select country |

*(Add multiple as applicable)* |

1. Freedom of Service (FOS) Passporting Details

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|  | **FOS Passporting Details***Note:* *This section is applicable to Freedom of Service (FOS) only.* |
|  | Indicate the Host Member State(s) where the Intermediary intends to passport: |
|  | Select item*(Add multiple as applicable)* |
|  | Is the Undertaking represented authorised for the classes and already passported into the Country where the Intermediary intends to passport? If in the affirmative, please provide a link to the website of the relevant foreign registry. |
|  | Enter text |
|  | Specify the level of business (in GWP) the insurance intermediary intends to distribute within the relevant Host Member State(s) for the first three years split per product / class. In case of multiple jurisdictions, financial projections are also to be split per country. |
|  | Enter text |
|  | Provide a brief explanation of the intermediary’s business strategy and how its FOS activity fits into that strategy. |
|  | Enter text |

1. Freedom of Establishment (FOE) Passporting Details

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|  | **FOE Passporting Details**Note: *This section is applicable to Freedom of Establishment (FOE) only.* |
|  | Indicate the Host Member State where the Intermediary plans to establish a branch. |
|  | Select item |
|  | Is the Undertaking represented authorised for the classes and already passported into the country where the Intermediary’s Branch will be established. If in the affirmative, please provide a link to the website of the relevant foreign registry. |
|  | Enter text |
|  | Branch Address and Contact Details |
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| **Address** |
| Number/Name | Enter text | Street/Road | Enter text |
| City/Town/Village | Enter text | Region/State | Enter text |
| Post Code | Enter text | Country | Select country |
| **Contact** |
| Email Address | Enter text | Telephone Number | Enter text |

*(Add multiple as applicable)* |
|  | Branch Manager/General Representative details*Note - The Branch Manager/General Representative must possess sufficient powers to bind the Intermediary in relation to third parties and represent it in relations with the authorities and courts of the Member State or EEA State of the branch.* |
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| **Details** |
| Title | Select item |
| Name | Enter text | Surname | Enter text |
| MFSA PQ Code | Enter text |
| Business Email Address | Enter text | Business Direct Number | Enter text |

*(Add multiple as applicable)* |
|  | **Attachment | Copy of the Appointment of the Branch Manager/General Representative (power of attorney)** |
|  | *Note – A Personal Questionnaire in relation to the appointment of the Branch Manager/General Representative is to be submitted together with this Notification.* |
|  | Describe the organisational structure of the Branch: |
|  | Enter text |
|  | Specify the level of business (in GWP) the insurance intermediary intends to undertake within the territory in which it plans to establish a branch for the first three years split per class: |
|  | Enter text |
|  | In case of FOE, specify the general expenses of the Branch for the first three years (Setting up costs of the Branch, administrative services and the organisation and expenses of management) |
|  | Enter text |
|  | Provide a summary of the arrangements by which systems and controls will be established and maintained in the head office of the Intermediary in Malta to oversee and monitor the branch’s operations, setting out (but not limited to) the details of the controls over underwriting, claims and IT if applicable, reporting arrangements and frequency of reporting. |
|  | Enter text |
|  | Provide a brief explanation of the intermediary’s business strategy and how the branch fits into that strategy |
|  | Enter text |
|  | **Attachment | Organigram of the Branch** |
|  | **Attachment | Copy of draft Agreements the Intermediary will be entering into in respect of the branch operations** |

| 1. Checklist and Declaration
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|  | **Checklist** |
|  | Please fill in the below checklist and ensure that all necessary documentation is attached and submitted together with this Notification. |
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|  | Group Structure *(if applicable)* | Select item |
|  | Identification Document/s *(if applicable)* | Enter number of submissions |
|  | Personal Questionnaire/s *(if applicable)* | Enter number of submissions |
|  | Power of Attorney *(if applicable)* | Select item |
|  | Organigram of the Branch with reporting lines to Head Office | Select item |
|  | Copy of draft Agreements the Intermediary will be entering into in respect of the branch operations | Select item |

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|  | **Declaration** |
|  | The undersigned, on behalf of the Applicant / Authorised Person, declares that the information given in answer to the questions within this Notification; AA48, is complete and accurate to the best of their knowledge.Signature must be in wet ink or a valid qualified electronic signature in accordance with the circular issued by MFSA on the use of electronic signatures dated 15th November 2022. |
| Signature  |  |  |
| 6.2.2 | Name | Enter text | 6.2.3 | Surname | Enter text |
| 6.2.4 | Position | Enter text |
| 6.2.5 | Identification Number | Enter text | 6.2.6 | ID Type | Select item |
| 6.2.7 | Date | Enter date |