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| MALTA FINANCIAL SERVICES AUTHORITY |
| **Authorisation Forms** |
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| **Form AA58: Approved Individual TII Application Form**  ***Details of Approved Individual in terms of Article 35(1) of the Insurance Distribution Act*** |
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| **High Level Guidelines** |
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| 1. General   This form, Form **AA58:** **Approved Individual TII Application Form** (‘Application’), shall be duly filled in by a Senior Person of an Insurance Undertaking or an Insurance Agent (as applicable) seeking approval for an additional person/s to carry out Tied Insurance Intermediary activities on behalf of an already enrolled Corporate Tied Insurance Intermediary in terms of Article 37(2) of the Insurance Distribution Act (“the Act”) (Chapter 487 of the Laws of Malta).  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 respect either prior to or subsequent to authorisation.  The Applicant shall note that it is a criminal offence, under Article 52 of the Act, to furnish information or to make a statement which one knows to be inaccurate, false or misleading in any material respect, or to recklessly furnish information or to make a statement which is inaccurate, false or misleading in any material respect, pursuant to any of the provisions of this Act or of any Regulations made or of any Rules issued thereunder, or any condition, obligation, requirement, directive or order made or given as aforesaid.  The Applicant is required to make reference, and where applicable comply with, the 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 Application or its respective Annexes. Should it transpire that the documents were tampered with, or modified in any manner, the Authority shall consider the Application 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   For the purposes of this Application, the definitions identified below should be read in conjunction with the provisions of the Act and other respective national or European regulatory frameworks or other binding regulation as may be applicable.  In the event that any of the definitions contained hereunder conflict with a definition under the Act, the definitions set out in the Act or in any other such law shall prevail, unless otherwise specified herein.   |  |  |  | | --- | --- | --- | |  |  |  | | **‘Act’** | | means the Insurance DistributionAct (Chapter 487 of the Laws of Malta) | |  | |  | | **‘Applicant’** | | means the Insurance Undertaking or Insurance Agent (as applicable) applying for the approval of an additional person/s to carry out Tied Insurance Intermediary activities on behalf of an already enrolled Corporate Tied Insurance Intermediary | |  | |  | | **‘Authority’** | | means the Malta Financial Services Authority established by the Malta Financial Services Authority Act (Chapter 330 of the Laws of Malta) | |  | |  | | **‘Corporate Tied Insurance Intermediary’** | | means a person which is not an individual, and that person is enrolled in the Tied Insurance Intermediaries List to carry out tied insurance intermediaries activities | |  | |  | | **‘Regulatory framework’** | | means the respective National and/or European Regulatory Frameworks or other binding regulation, as may be applicable | |  | |  |  1. Instructions   The Applicant is required to complete all the applicable sections under all the respective parts of the Application, as follows:   * + Section 1 - Applicant Details   + Declaration Form   Applicants are to note that further instructions in relation to the Application may be found on the Guidelines to the Authorisation Forms ([link](https://www.mfsa.mt/wp-content/uploads/2021/05/AG01-Applications-Guidelines.pdf)). It is noted that the Application should reflect the Applicant’s structure and method of operations at time of authorisation.  Following submission of the Application via the LH Portal, the Declaration Form should be printed and sent, when originally signed in wet ink, to the Authority. In the printed Declaration Form, the Applicant is reminded to enter the Application ID, which is provided automatically through the LH Portal upon on-line submission of the Application. It is to be noted that only this Declaration Form should be sent physically to the Authority. Further instructions can be found in the Declaration Form itself.  In order for the Application to be considered complete, the Applicant is required to have submitted, along with a duly filled Application, all the required documentation as identified within this Application.   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. Disclaimer   It is noted that the submission of this Application and/or its determination of ‘completeness’ shall not be construed as a granting of Authorisation by the MFSA. Furthermore, the Applicant is referred to Article 4(A) of the MFSA Act, wherein the granting of an Authorisation is a concession and a revocable privilege, and no holder thereof shall be deemed to have acquired any vested rights therein or thereunder. |

| * 1. Applicant Details | | | | | | |
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|  | | **Applicant Details** | | | | |
|  | Name of Insurance Undertaking / Insurance Agent | Enter text |  | Name of Corporate Tied Insurance Intermediary | Enter text |
|  | Registered Number | Enter text |  | Date of Registration | Enter text |
|  | **Approved Person/s Details** | | | | |
| 1.2.1 | |  |  |  |  | | --- | --- | --- | --- | | 1. Approved Person/s Details | | | | | Name | Enter text | Surname | Enter text | | Identification Document (‘ID’) Type | Select item | ID Number | Enter text | | Address from where Tied Insurance Intermediary activities will be carried out | | | | | 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 country | | Other details | | | | | Has the individual been provided with training in relation to the insurance distribution and products in terms of Article 35(1) of the Act?  Provide a short description of training provided, by whom and whether the individual has been assessed. | | | | | Enter text | | | | | Confirm whether the individual is an employee of the corporate Tied Insurance intermediary | | | Select item | |  | | |  |   *(Add multiple as applicable)* | | | | |

| **Declaration Form** | | | |
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| *Following submission of the Application, this Declaration Form should be printed and sent, originally signed, to the attention of the* ***Authorisations, Insurance and Pensions Supervision Function, MFSA****. It is to be noted that only this form should be sent physically to the Authority and that should the Applicant submit the entire Application, only the version submitted via the LH Portal shall be maintained and used for the purposes of the MFSA’s authorisation processes.* | | | |
| The undersigned, on behalf of Applicant, declare that:   1. Information Provided to Authority    1. the information given in answer to the questions within the Application is complete and accurate to the best of our knowledge, information and belief and that there are no other facts relevant to this Application of which the Authority should be aware;    2. the Applicant has not tampered with, or modified in any manner, this Application or its respective Annexes, and understands that such tampering with, or modification in any manner of these documents will result in a refusal of this Application; 2. Representatives and Disclosure    1. the MFSA is hereby being authorised to contact the representatives provide by the Applicant under Section 1 of this Application;    2. the MFSA is hereby being authorised to make such enquiries as it may consider necessary in connection with this Application; and    3. the MFSA is hereby being authorised to contact any or all of the above-named or any other person considered by the Authority to be relevant, both at the date of application and at any time in the future unless and until I/we rescind this authority in writing. 3. Privacy Notice    1. I/we have read and understood the [MFSA Privacy Notice](https://www.mfsa.mt/privacy-notice/)[[1]](#footnote-2) and the terms and conditions included therein.    2. I confirm that the particulars provided in this application and the documents produced with it are complete, correct and that the applicant who is to carry out the tied insurance intermediaries activities:    * is a person resident in Malta;    * is over the age of 18 years;    * holds a clean police conduct certificate;    * possesses secondary school level of education;    * has successfully completed a course for tied insurance intermediaries pursuant to the requirements of section 6.4 of Chapter 6 on Knowledge and Ability; and    * is a fit and proper person\*.    1. **I further confirm that the applicant is:** *(please tick the appropriate box)*   Authorised to collect and hold monies in relation to policies of insurance  Not authorised to collect and hold monies in relation to policies of insurance   * 1. I hereby authorise the Authority to contact any or all of the above-named or any other person considered by the Authority to be relevant, both at the date of application and at any time in the future unless and until I rescind this authority in writing. I also undertake to inform the Authority in writing of any material change relevant to this application. | | | |
| Signature 1 |  |  | |
| Name | Enter text | Surname | Enter text |
| Position | Enter text |
| Date | Enter date |

1. *For further information visit:* [*https://www.mfsa.mt/privacy-notice/*](https://www.mfsa.mt/privacy-notice/) [↑](#footnote-ref-2)