

FORM 6



APPLICATION NO:

The Nevis Island Administration
Ministry of Finance, Statistics and Economic Planning
Financial Services Regulation and Supervision Department
Insurance Manager's Undertaking of Ultimate Beneficial Owner

_____ hereby undertakes that the person(s) listed
(Insurance Manager)
below is/are the ultimate beneficial owner(s) of

_____, and that the person(s) listed below
is/are

(Applicant)
fit and proper person(s), in accordance with the Nevis International Insurance Ordinance 2004, as amended, to
conduct insurance business from within Nevis, and that the following particulars of the ultimate beneficial
owner(s) are true and accurate:

Name

Aliases *(if any)*

Current address

Street

City

State / Province

Zip / Postal Code

Country

Previous address *(if time at current address is less than two years)*

Street

City

State / Province

Zip / Postal Code

Country

Date of Birth *(dd/mm/yr)* _____

Place of Birth

Nationality

Social Security Number *or*

National Identification No.

Capacity *(in relation to applicant)*

Completed by _____ (print)

_____ (sign)

_____ (date)

Approved by _____ (print)

_____ (sign) _____ (date)

_____ (capacity)