


FORM 1				APPLICATION NO:
The Nevis Island Administration Ministry of Finance and Development Financial Services Regulation and Supervision Department Application for Insurance Manager's or Registered Agent's Licence				
1	Name of Proposed Insurance Manager			
2	Type of Licence[s] Being Applied for			
	Insurance Manager <input type="checkbox"/> Registered Agent <input type="checkbox"/>			
3.A	Physical Address in Nevis			
		Street	Town/Parish	
3.B	Postal Address in Nevis			
		P.O. Box	Street/Town	
4: Control Persons. [See Regulations for Definition] Identify each Shareholder, Director, Manger of the Licencee and its Parent(s). Each Control Person should also complete FORM 2 .	Name	Position with Insurance Manager	Connection with Applicant	FORM 2
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
5: Supporting Documentation	i	Attach evidence of legal existence, and current Good Standing. If proposed licencee has no yet been formed attach proposed documentation.		<input type="checkbox"/>
	ii	Complete FORM 2 in respect of each Control Person, per 4 above.		<input type="checkbox"/>
	iii	Attach audited annual accounts for up to the past three years		<input type="checkbox"/>
	iv	Attach a Business Plan		<input type="checkbox"/>
<p>This application is hereby made for the licence specified above and it is certified that all the particulars contained in this application and in the documents accompanying it or otherwise furnished in support thereof are true and correct.</p> <p>I undertake to inform the Minister and the Registrar, immediately, of any significant changes to the information supplied in this form.</p> <p>You should be aware that it is an offence to knowingly or recklessly provide "the Minister" or "the Registrar" with information which is false.</p>				
Name/Position		Date	Signature	
Name/Position		Date	Signature	
Name/Position		Date	Signature	
Name/Position		Date	Signature	

This form should be completed by the applicant[s] on behalf of the proposed Insurance Manager or where the entity already exists by the relevant authorized 'control person[s]'.
 As defined by the Nevis International Insurance Ordinance, 2004;
 " 'insurance manager' means a person, not being an employee if an insurer, who—
 (a) provides management services for one or more insurers; or
 holds himself out as a manager in relation to one or more insurers, but does not include the keeping of insurance business accounts for a registered insurer";