

INSURANCE REGULATORY AUTHORITY OF UGANDA
(Established under the Insurance Act, (Cap 213), Laws of Uganda 2000) (Act)
P.O. Box 22855 Tel: 256-41-346712/256-41-253564, Fax 256-41-349260
Web. www.ira.go.ug, E-mail: ira@ira.go.ug
Kampala – Uganda

Form 1.

**APPLICATION FOR LICENSING/RENEWAL OF LICENCE AS AN INSURER
OR REINSURER FOR THE YEAR ENDING 31 DECEMBER 20....**

(Delete whichever is not applicable)

1. Name of applicant:
2. Postal address (Head Office):
3. Telephone Nos.:
4. Fax No.: E-Mail:
5. Physical address:
6. Name and address of Auditors:
7. Bankers:
8. Total number of all classes of employees: Managerial:
Supervisory: Others:
9. Total number of agents who represent the insurer:
10. Name and address of reinsures/retrocessionaires:
.....
.....
.....
11. Share Capital-
 - (a) Authorised share capital:
 - (b) Paid up share capital:
12. Deposits made under section 7 of the Act:
Amount Shs: date of payment:
13. Insurance business intended to be transacted: state whether life or non life or both:
.....
14. Name and address of Actuary:
.....

15. Directors:

(a) Has any of the directors in the past five years been convicted of any offence involving fraud or dishonesty?
If yes give full details on a separate paper;

(b) Has any of the directors been adjudged to be bankrupt or compounded with creditors?
If yes give full details on a separate paper.

16. (a) Has any member of Staff in the past five years been convicted of any offence involving fraud or dishonesty?
If yes give full details on a separate paper.

(b) Has any member of staff been adjudged to be bankrupt or compounded with creditors?
If yes give full details on a separate paper.

(c) Has any member of staff been involved in the management of any insurance institution or financial institution which has been wound up in the last five years?
If yes give full details separately.

(d) Indicate the nature of interest (if any) of any member of staff in any institution licensed under the Act.

17. List all brokers who placed business with the insurer in the preceding year:
.....
.....
.....
.....
.....
.....
.....
.....
.....

I hereby certify that the statements contained herein and in the documents submitted herewith are true and accurate to the best of my knowledge and belief.

Date:

.....
Principal Officer.

(Title):

Form 1A.

ENCLOSURES TO THE APPLICATION FORM.

1. Detailed and signed curriculum vitae of all directors and the chief executive officer in compliance with section 29(2) of the Act.
2. Names, nationality and shareholding of shareholders.
3. List of all branch offices, address and telephone numbers.
4. Certified true copy of the applicant's memorandum and articles of association and the certificate of incorporation (or other document by which the insurer is constituted).
5. Reinsurance arrangements proposed by the insurer and certified by reinsurers.
6. In case of an application for first licence, a feasibility study for next three year period of operation comprising the following information-
 - (i) comprehensive cash-flow analysis;
 - (ii) gross premium income and expenditure projection for each class of business;
 - (iii) assessment or evaluation analysis of the prospects and profits potential of the company for the next three years.
7.
 - (a) Evidence of the deposit required by section 7 of the Act with the Bank of Uganda.
 - (b) Evidence of the deposit required by section 29(2)(j) of the Act with a Commercial Bank.
8. List of all agents employed.
9. A certified true copy of each type of policy of assurance or insurance which the company proposes to issue (if new applicant or any change in particulars of the policy has occurred).
10. Evidence of membership of the Uganda Insurers' Association.
11. Detailed signed curriculum vitae of the management and technical staff.
12. The proposed premium rates and rating scales for each class of business.

13. List of principal partners of the actuary and their qualification.
14. Copy of the latest insurance licence (if any).
15. Such other documents and information as the Authority may require.

INSURANCE REGULATORY AUTHORITY OF UGANDA
(Established under the Insurance Act, (Cap 213), Laws of Uganda 2000) (Act)
P.O. Box 22855 Tel: 256-41-346712/256-41-253564, Fax 256-41-349260
Web. www.ira.go.ug E-mail: ira@ira.go.ug
Kampala – Uganda

Form 3.

**APPLICATION FOR LICENSING/RENEWAL OF LICENCE AS AN
INSURANCE/REINSURANCE BROKER FOR THE YEAR ENDING
31 DECEMBER 20...**

(Delete whichever is not applicable)

1. Names of applicant:
2. Postal address (Head office):
3. Telephone Nos:
4. Fax No: E-Mail:
5. Physical address:
6. Share capital: (a) Authorised:
(b) Paid up:
7. Insurance business intended to be transacted for (state whether life or non life).
8. Names and address of Bankers:
9. External Auditors:
10. Insurers to whom business was placed in the last preceding year:
.....
.....
.....
11. Directors:
 - (a) Name, Nationality and address of the directors of the applicant:
.....
.....
.....
.....
.....
 - (b) Has any of the directors in the past five years been convicted of any offence involving fraud or dishonesty?
If yes give details on a separate sheet of paper.
 - (c) Has any of the directors been adjudged to be bankrupt or compounded with creditors?
If yes give full details separately.

(d) Does any of the directors have any interest in any firm licensed under the Insurance Act.

Please state the nature of the interest on a separate paper.

- 12. Name of the chief executive officer of the applicant:
.....
- 13. Total No. of employees employed:
Managerial: Supervisory: Others:
- 14. Attach photocopy of professional indemnity insurance cover.

I certify that the statements contained in this application and in the documents submitted with it are true and accurate to the best of my knowledge and belief.

Date:

.....
Principal Officer.

.....
Title.

The following enclosures should be attached hereto accordingly.

ENCLOSURES TO THE APPLICATION FORM

1. Detailed and signed curriculum vitae of directors, the chief executive officer, and technical staff.
2. List of other personnel.
3. Address, telephone numbers and details of any branch office.
4. Documentary evidence of paid up capital.
5. Evidence of payment of statutory deposit with Bank of Uganda. (If new applicant and/or a change has occurred in the paid-up capital).
6. Certified copies of memorandum and articles of associations, and certified copy of certificate of incorporation (if new applicant).
7. Photocopy of certificate of membership of the Uganda Association of Insurance Brokers. Attach evidence of payment of subscription fees.

INSURANCE REGULATORY AUTHORITY OF UGANDA
(Established under the Insurance Act, (Cap 213), Laws of Uganda 2000) (Act)
P.O. Box 22855 Tel: 256-41-346712/256-41-253564, Fax 256-41-349260
Web. www.ira.go.ug E-mail: ira@ira.go.ug
Kampala – Uganda

Form 4.

**APPLICATION FOR LICENSING/RENEWAL OF LICENCE AS AN AGENT.
For the year ending 31st December 20....**

1. Name of applicant:
2. Postal address: Physical address:
3. Nationality of applicant:
4. Residential address:
5. Name of insurer represented:
6. Legal status of the applicant:
7. Indicate classes of insurance to be transacted:
8. Attach agency agreement with insurer represented:
10. Attach a recent passport size photograph:

Declaration by applicant

I declare the above particulars to be true and correct and agree to notify the Commission of any material alteration in the information supplied and in terms of any law in force in Uganda.

I further declare that I-

- (a) have not been adjudged bankrupt;
- (b) have not compounded with creditors;
- (c) have not been convicted by a court in any country of any offence involving fraud or dishonesty or misconduct.
- (d) am not a civil servant or municipal employee;
- (e) am not an administrator, director, auditor or employee of any insurance company or broking company or any institution regulated by the Financial Institutions Act, (Cap 54) Laws of Uganda, 2000
- (f) am not a risk inspector nor loss adjuster nor insurance valuer.

Date: **Signed:**

CERTIFICATE OF COMPETENCY

Mr/Mrs/Ms:

I certify that the above named (specify name) is acceptable as a representative of this company and that subject to the issuing to him/her of any insurance licence he/she is-

- (a) duly authorised to secure proposals and to collect moneys by way of premiums for and on behalf of this company;
- (b) competent to explain-
 - (i) the conditions of the policies issued by this company; and
 - (ii) the meanings of questions asked in proposal forms issued by this company.

Date:

.....
Principal Officer

.....
Name of Insurer:

INSURANCE REGULATORY AUTHORITY OF UGANDA
(Established under the Insurance Act, (Cap 213), Laws of Uganda 2000) (Act)
P.O. Box 22855 Tel: 256-41-346712/256-41-253564, Fax 256-41-349260
Web. www.ira.go.ug E-mail: ira@ira.go.ug
Kampala – Uganda

Form 5.

**APPLICATION FOR LICENCE/RENEWAL OF LICENCE AS A RISK
MANAGER LOSS ASSESSOR/LOSS ADJUSTER/INSURANCE
SURVEYOR CLAIMS SETTLING AGENT FOR THE
YEAR ENDING 31 DECEMBER 20...
(Delete whichever is not applicable)**

1. Name of applicant:
2. Postal address:
3. Physical address:
4. Telephone Nos: Fax No: E-Mail address.....
6. Incorporation status (tick as appropriate) Individual/Partnership/
Company:.....
7. Name and address of Bankers:
8. Name and address of External Auditors:
9. Insurers with whom business was done in the last preceding year:
.....
.....
.....
.....
10. Number of years of experience:
11. Share capital: Paid up capital:
12. Attach detailed and signed CVs of shareholders, directors, partners, or associates:
.....
.....
13. Attach detailed signed CVs of management and technical staff.
14. (a) Has any of the directors in the past five years been convicted of any
offence involving fraud or dishonesty?
If yes give details on a separate sheet of paper.

(b) Has any of the directors been adjudged to be bankrupt or compounded
with creditors?
If yes give details separately

- (c) Has any of the directors been found to be of unsound mind by a competent court of law?
If yes give full details separately

- 15. If the applicant is a company incorporated under the Companies Act-Cap 85, attach copies of memorandum and articles of association and certificate of incorporation. If it is registered under the Business Names Registration Act, Cap 81 attach photocopy of a certificate of registration (if new applicant).

- 16. Does any member of staff have any interest in any firm licensed under the Act?
If yes provide details on a separate paper.

- 17. Give details of physical and postal address including telephone, fax, E-mail of any branch office.

SIGNED:.....

DATE:

INSURANCE REGULATORY AUTHORITY OF UGANDA
(Established under the Insurance Act, (Cap 213), Laws of Uganda 2000) (Act)
P.O. Box 22855 Tel: 256-41-346712/256-41-253564, Fax 256-41-349260
Web. www.ira.go.ug E-mail: ira@ira.go.ug
Kampala – Uganda

Form 5(B)

**APPLICATION FOR LICENCE/RENEWAL OF LICENCE AS A CLAIMS SETTLING
AGENT FOR THE YEAR ENDING 31 DECEMBER 20.....
(Delete whichever is not applicable)**

1. Name of applicant:
2. Postal Address.....Physical Address.....
3. Telephone Nos: Fax No:
E-Mail address.....
4. Nationality of the applicant.....
5. Name of the insurer represented.....
6. Incorporation status (tick as appropriate) Individual/Partnership/
Company:
7. Indicate classes of insurance to be transacted.....
8. Attach agency agreement with insurer represented.
9. Attach a recent passport size photograph if an individual.
10. Name and address of Bankers
11. Name and address of External Auditors.....
12. Insurers with whom business was done in the last preceding year:
.....
.....
.....
13. Number of years of experience.....
14. Share capital..... Paid up capital.....
15. Attach detailed CVs of the Shareholders, Directors, Partners, or
Associates:.....
.....
.....

16. Attach detailed signed CVs of management and technical staff.

17.
 - (a) Has any of the directors in the five years been convicted of any offence involving fraud or dishonesty?
If yes give the details on a separate sheet of paper
 - (b) Has any of the directors been adjudged to be bankrupt or compounded with creditors?
If yes give details separately.
 - (c) Has any of the directors been found to be of unsound mind by a competent court law?
If yes give full details separately
 - (d) Is any of the directors a civil servant or municipal employee?

- 18 If any applicant is a company incorporated under the Companies Act – Cap 85, attach copies of the Memorandum and Articles of Association and Certificates of Incorporation. If it is registered under the Business Names Registration Act-Cap, 81 attach photocopy of a certificate of Registration (if new applicant).

- 19 Does any member of staff have any interest in any firm licenced under the statute

- 20 Give details of physical and postal address including telephone, fax, E-mail of any branch office.

Declaration by the Applicant

I declare the above particulars to be true and correct and agree to notify the Commission of any material alteration in the information supplied and in terms of any law in force in Uganda.

Date.....

Signed

Certificate of Competency

Mr./Mrs./Ms.....

I certify that the above named (specify name) is acceptable as a representative of this company and that subject to the issuing to him/her of a claims settling agency licence is:

- (a) duly authorized to survey, certify casualties and losses and settle claims from funds provided by the insurer
- (b) competent to explain-
 - (i) the conditions of the policies issued by this company; and
 - (ii) the meanings of questions asked in claims forms issued by this company.

Date.....

.....

Principal Officer.