

**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  
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Kampala – Uganda

**Form**

**APPLICATION FOR LICENSING/RENEWAL OF LICENCE AS A HEALTH MEMBERSHIP ORGANIZATION (HMO) FOR THE YEAR ENDING 31<sup>ST</sup> 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 External Auditors: .....
7. Bankers: .....
8. Total number of all employees employed: ..... Managerial: .....  
Supervisory: ..... Others: .....
9. Total number of agents (if any): .....
10. Name of the Chief Executive Officer: .....  
.....  
.....  
.....
11. Name of the company Accountant (who should be recognized as such by the Institute of Certified Public Accountants of Uganda – ICPAU)  
.....
12. Share Capital-
  - (a) Authorised share capital: .....
  - (b) Paid up share capital: .....
13. Insurance business intended to be transacted:  
.....

15. 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 full details on a separate paper;

(c) 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 health membership organization (HMO) in the preceding year:

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.....  
.....  
.....

18. Attach photocopy of professional indemnity insurance cover of sum insured of not less than Ushs. 100 million.

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

### 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 Health Membership Organization (HMO) is constituted).
5. Copies of Valid work permits for all expatriate staff.
6. Listing of Service Providers (affiliates) who have signed contracts with the HMO.
8. List of all agents employed.
9. Company Business Plan for three to five years duly endorsed by an external auditor.
10. A certified true copy of each type of policy of insurance / contract which the Company proposes to issue.
11. Copy of the various benefit packages to be offered to prospective members and the Premium thereof.
12. Management accounts as at 30<sup>th</sup> September 2012.
13. Copy of the registration certificate issued by the Uganda Medical and Dentist Practitioners` Council for the professionals.
14. Evidence of membership to the Insurance Institute of Uganda.
15. Detailed signed curriculum vitae of the management and technical staff.
16. Copy of the latest insurance licence (if any).
17. Such Other documents and information as the Authority may require.