

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 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:
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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:
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14. Name and address of Actuary:
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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:
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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.