



MONETARY AUTHORITY OF SINGAPORE

APPLICATION TO ESTABLISH A REPRESENTATIVE OFFICE IN SINGAPORE

IMPORTANT NOTES

- 1) Interested applicants are strongly encouraged to contact the Monetary Authority of Singapore (“the Authority”) (Tel: +65 6225 5577/ Email: id_registry@mas.gov.sg) for a preliminary discussion on their business plans and other relevant information before completing this application form.
- 2) Please refer to the MAS website (<http://www.mas.gov.sg/>) for the admission criteria.
- 3) The completed application form should be submitted in softcopy machine-readable PDF format* to:

Executive Director
Insurance Department
Monetary Authority of Singapore

Email: id_registry@mas.gov.sg

Please submit the completed application form and any accompanying attachments in a single password protected zip file using AES 256 or stronger encryption. The password for the zip file should contain a minimum of 12 characters, including both upper and lower case letters, and have at least one numerical digit and one special character (e.g. @, #). Please provide a contact person in the email for MAS to obtain the password from.

- 4) Applicants may be requested to submit certain information in the completed application form in text-extractable format (i.e. one which content can be directly copied into other electronic documents).
- 5) The expected processing time for straightforward applications is 6 to 8 weeks upon receipt of complete information.

* The applicant can affix digital signature(s) to the PDF submission; or scan the relevant page which is physically signed and attach it to the PDF submission.

EXPLANATORY NOTES

This application form is to be used by any person who desires to establish a representative office to apply to the the Authority for registration under section 9 of the Insurance Act 1966 (“the Act”).

This form comprises the following sections -

- Section I - Basic information
- Section II - Documents to be submitted
- Section III - Overview of global operations of applicant
- Section IV - Information on the proposed operations in Singapore

Applicants should provide complete information for all the sections above. Where any section or area is not applicable, please state “N.A.”.

SECTION I - BASIC INFORMATION

1) Please indicate the category of insurance representative office you are applying for.

Type of representative office (Check one box only)	<input type="checkbox"/> Direct Insurer <input type="checkbox"/> Reinsurer
Class of business (Check one box only)	<input type="checkbox"/> Life Business <input type="checkbox"/> General Business <input type="checkbox"/> Composite Business

2) Details of applicant.

Note: The applicant should be the immediate/ ultimate parent company of the proposed Singapore representative office.

Name of Applicant:
(Company Name) _____

Address: _____

Telephone: _____ Fax: _____

Country of Incorporation: _____

Website Address: _____

3) Contact person and/ or senior officer of the applicant to whom queries on the application can be directed.

Name:
(in BLOCK LETTERS with
surname underlined) _____

Designation: _____

Telephone: _____

Email: _____

4) Details of insurance supervisory authority in your country.

Name of Authority/
Agency: _____

Address: _____

Name of Contact Person: _____

Email of Contact Person: _____

Telephone: _____ Fax: _____

- 5) State any restrictions imposed on your company by the insurance supervisory authority or any other regulatory authorities/ government agencies in your country in relation to the establishment of a representative office outside your country.
- 6) State whether any inspection/ on site review has been conducted on your company by the insurance supervisory authority in your country. If so, please state when the insurance supervisory authority last inspected/ reviewed your company.
- 7) Submission of application form and declaration.

Note: This application should be submitted by the Group CEO or a representative of the Board of Directors of the applicant, who should attest that the information submitted is true to the best of his/her knowledge.

I hereby submit this application and declare that all information given in this application (including any annexes and appendices attached) is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of material facts may be grounds for the rejection of the application. I understand that I may be required to furnish additional information relating to this application upon request by the Authority.

Signature: _____ Date: _____

Name (in BLOCK LETTERS with surname underlined):

Designation: _____

Telephone: _____ Email: _____

Under section 142(1)(b) and (2) of the Act, any person who provides the Authority with any information under or for the purposes of any provision of the Act; must use due care to secure that the document or information is not false in any material particular; and if the person does not use due care in this behalf and the document or information is false in a material particular, the person shall be guilty of an offence and shall be liable on conviction in the case of an individual, to a fine not exceeding \$125,000 or to imprisonment for a term not exceeding 3 years or to both; or in any other case, to a fine not exceeding \$250,000.

SECTION II - DOCUMENTS TO BE SUBMITTED

The following documents are to be submitted along with this application.

- 1) A certified true copy of the licence issued by the insurance supervisory authority in your country for your company to carry on insurance business in your country;
- 2) A certified true copy of the letter from the insurance supervisory authority in your country granting your company approval to establish a representative office in Singapore, if such approval is required. If such approval is not required, a statement to this effect should be provided; and
- 3) A copy of the annual report and financial statements of both the applicant and its ultimate parent company for each of the last three years.

Note: For items 1 and 2, a certified English translation is required for any document which is not in English. Items 1 and 2 may be certified "true copy" by the insurance supervisory authority in your country or an external legal counsel.

SECTION III - OVERVIEW OF GLOBAL OPERATIONS OF THE APPLICANT

- 1) Provide a brief history of the applicant, its ultimate parent company and the Group¹ (including date and place of incorporation, listing on any stock exchanges and number of employees in the Group).
- 2) Provide the names, nationalities and addresses of shareholders holding 5% or more of the shares of the applicant and their respective shareholdings.
- 3) Provide a brief description of the business activities of the applicant and the Group, especially any areas of insurance or other financial activities in which the Group has particular strength, both globally and regionally. Please include supporting statistics.
- 4) Provide details of the ultimate parent company and a diagrammatic structure of the Group. Give details of the international network of branches, subsidiaries, representative offices, joint ventures and any special purpose vehicles that have been set up (including names, business activities, country of incorporation/ location, effective percentage interest owned by the ultimate parent company for each entity in the Group) and information on the extent and type of related party transactions between material entities within the Group). Also, provide an organisation chart of the reporting channels within the Group.
- 5) Provide information on the financial position and performance of the applicant for each of the last 3 years, according to the format given in Appendix 1.
- 6) Provide information on the ranking of the applicant and the Group domestically and globally, in terms of:
 - i) total assets, gross premiums written and net premiums written (if the applicant is a general insurer); and
 - ii) sums insured in force, premiums and total assets of the insurance fund (if the applicant is a life insurer).
- 7) Provide, for each of the last 3 years, the applicant and the Group's highest and lowest financial strength ratings or equivalent, together with any rating reports, from the following rating agencies:
 - i) Standard & Poor's;
 - ii) A.M. Best;
 - iii) Moody's;
 - iv) Fitch;and any other rating agencies (please specify).

¹ "Group", where used throughout this form, refers to the ultimate parent company (of the applicant) and its subsidiaries.

**SECTION IV - INFORMATION ON THE PROPOSED OPERATIONS
IN SINGAPORE**

- 1) Outline the objectives of establishing a representative office in Singapore and describe the activities and geographical scope of the activities of the proposed representative office.
- 2) Provide the curriculum vitae of the proposed Singapore Representative.
- 3) Provide any other information that will support this application.

FINANCIAL POSITION AND PERFORMANCE INDICATORS

Company Name: _____

Financial Year End: _____

Year	20__	20__	20__
Currency			
Capital and Assets			
Paid up capital			
Shareholders' funds			
Total assets			
Income			
Gross premiums written			
Net premiums written			
Profitability (Life Business)			
Total claims			
Total expenses			
Net investment income			
Net income/ (loss) after tax			
Profitability (General Business)			
Claims ratio			
Combined ratio			
Underwriting profit/ (loss)			
Net investment income			
Net income/ (loss) after tax			