



BAHRAIN MONETARY AGENCY

Form 4:

Application for Registration

**(Application for registration as an actuary or loss adjuster in the
Kingdom of Bahrain)**



Form 4: Application for Registration

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Form 4: INSTRUCTIONS

PLEASE NOTE:

1. All persons wishing to be registered with the Bahrain Monetary Agency as an actuary or loss adjuster must be approved by the BMA.
2. This application form should be completed by referring to Volume 3 (Insurance) of the BMA Rulebook, in particular Module AU (Authorisation). The rules applicable to Registered Actuaries and Loss Adjusters are found in Section AU-1.3, Chapter AU-4 and Section AU-5.3.
3. Applicants should satisfy themselves that they meet the requirements of the Rulebook before submitting an application. This form contains the principal elements that are required, but should applicants consider that there is additional evidence of relevance to the application, this should be submitted with this form. It should not be assumed that information is known to the BMA merely because it is in the public domain or has previously been disclosed to the BMA or another regulatory body. If there is any doubt about the relevance of information, it should be disclosed.
4. Complete all sections as fully as possible, attaching supporting documentation and continuation sheets where appropriate. The application should be written in ink in BLOCK CAPITALS or typed.
5. Failure to provide all the required information may result in significant delays in processing. The BMA does not accept responsibility for any loss caused to the applicant by any delay.
6. All documentation provided to the BMA must be in either the Arabic or English languages. Any documentation in a language other than English or Arabic must be accompanied by a certified English or Arabic translation thereof.
7. If any question is not applicable given your particular circumstances, please clearly indicate by marking 'N/A', with an explanation as to why it does not apply. Please provide a full explanation for any question that cannot be answered at this stage. Please note that failure to provide the required information may prejudice an application and will cause delay.
8. The **original** completed form, together with supporting documentation, should be submitted to:

The Director, Licensing & Policy Directorate
Bahrain Monetary Agency
PO Box 27
Manama
Kingdom of Bahrain
9. Queries may be addressed to the Director, on +973 17 547605 (telephone), +973 17 537554 (fax) and albassam@bma.gov.bh (e-mail).
10. Applicants are reminded that it is an offence under the Insurance Law, Decree No. (17) of 1987 and any regulations issued thereunder, to provide the BMA any information which is false or misleading in connection with the submission of this application or any related information.



Form 4: DECLARATION

I certify that the information in this Form 4 is accurate and complete to the best of my knowledge and belief and that there are no other facts relevant to this application of which the Bahrain Monetary Agency (BMA) should be aware.

I authorise the BMA to make such enquiries and seek further information it deems necessary in considering this application for registration.

I am aware that it is an offence under the Insurance Law, Decree No. (17) of 1987 and any regulations issued thereunder to provide to the BMA any information which is false or misleading in connection with an application for registration.

I also confirm that I will not assume the responsibilities of the actuary or loss adjuster in the Kingdom of Bahrain for which this application is being submitted prior to obtaining such approval.

I undertake to inform the BMA of any changes material to the application which arise while the BMA is considering the application. I further undertake that, in the event that the registration status being sought is granted, I will notify the BMA of any material changes to or affecting the completeness or accuracy of, the information provided in Form 4 above as soon as possible, but in any event no later than 21 days from the day that the changes come to my attention.

WHERE PROPOSED APPLICANT IS AN INDIVIDUAL:

_____	_____	_____
Name of applicant (please print name)	Signature of applicant	Date

WHERE THE APPLICANT IS A CORPORATE BODY, THE DECLARATION MUST BE SIGNED BY TWO DIRECTORS AND BEAR THE CORPORATE SEAL:

_____	_____	_____
Director (print name)	Signature of director	Date

_____	_____	_____
Director (print name)	Signature of director	Date



Form 4: Contact Information

Please provide full contact details of the applicant and, if applicable, an authorised representative of the applicant (e.g. professional adviser, etc.), with whom the BMA can communicate with, regarding this application.

Applicant (individual applicant or officer of the corporate applicant):

Name: _____

Title: _____

Tel: _____

Fax: _____

E-mail: _____

Authorised Representative (if applicable):

Name: _____

Title: _____

Tel: _____

Fax: _____

E-mail: _____



Form 4: Section I – Applicant Details

1. The applicant wishes to be registered as: (please tick ✓ one box)

Actuary ☐

Loss Adjuster ☐

2. The applicant is (please select a) OR b)):

a) a natural person (individual applicant)

☐

Please complete sections II and IV.

b) a legal person (corporate applicant)

☐

Please complete sections III and IV.



Form 4: Section II – Individual Applicant Details, Qualifications & Experience

1. Name of the applicant for registration as actuary or loss adjuster:

First Names: _____

Family Name: _____

2. Has the applicant had any previous name (s) by which he (she) is known?

Yes ☐ No ☐

If yes, please specify _____

3. Date and place of birth:

Place _____ Date: Day _____ Month _____ Year _____

4. Nationality of applicant:

5. Beginning with the applicant's current address please list all previous private addresses during the last 10 years with relevant dates.

Date	Address



Form 4: Section II – Individual Applicant Details, Qualifications & Experience (continued)

6. Population Registration Card (CPR); Personal number; National Insurance number; and/or Social Security number and country of issue:

Type (e.g. CPR, social security number, etc.): _____

Number: _____ Country of issue: _____

7. Passport Information:

Passport Number: _____ Place of issue: _____

Date of issue _____ Date of expiry _____

8. Please attach a certified copy of your passport or driving license.

(Note that the identification document must contain a photograph and be certified by one of the following:

(a) a registered lawyer;

(b) a registered notary;

(c) a chartered accountant;

(d) a government ministry;

(e) an official of an embassy or consulate; or

(g) an official of a BMA licensee.

The individual providing the above certification must include clear contact details (e.g. business card or company stamp).

Attached

Yes ☐

No ☐

**Form 4: Section II – Individual Applicant Details, Qualifications & Experience (continued)**

9. Please provide details of any professional qualifications and the year and place in which these were obtained (eg. ACA; ACCA; ACIB; ACIS etc) (with originals or certified copies of certificates and translations if not in Arabic or English).

Original or Certified Copies Attached Yes ☐ No ☐

Membership No.	Professional Qualification	Year Obtained

10. Please provide details of any further relevant qualifications (not covered in Question III.9) and the year and place in which these were obtained (with originals or certified copies of certificates and translations if not in Arabic or English).

Original or Certified Copies Attached Yes ☐ No ☐

Qualification	Educational Establishment	Year Obtained



Form 4: Section II – Individual Applicant Details, Qualifications & Experience (continued)

11. Please provide details of current membership of any relevant professional bodies, their address(es) and the year of admission.

Name of Professional Body	Address	Year of Admission

If additional professional bodies, please complete an additional sheet.

12. Beginning with your present employment, please provide details of all occupations and employment over the past 10 years, including the **full name and address** of the employer, the nature of the business, the position held and the relevant dates (**please enclose curriculum vitae**). Please account for any gaps in employment history.

Period Covered	Name of Employer ¹	Address	Nature of Business	Position Held

If additional employment experience, please complete an additional sheet.

¹ If self-employed, mark as self-employed.



**Form 4: Section II – Individual Applicant Details, Qualifications &
Experience (continued)**

13. Please provide details of any body corporate of which the applicant is currently a director, controller, manager, or company secretary, and the countries in which they are registered.

Name of Corporate Body	Position Held	Country of Registration
	Director <input type="checkbox"/>	
	Controller <input type="checkbox"/>	
	Manager <input type="checkbox"/>	
	Company Secretary <input type="checkbox"/>	
	Director <input type="checkbox"/>	
	Controller <input type="checkbox"/>	
	Manager <input type="checkbox"/>	
	Company Secretary <input type="checkbox"/>	
	Director <input type="checkbox"/>	
	Controller <input type="checkbox"/>	
	Manager <input type="checkbox"/>	
	Company Secretary <input type="checkbox"/>	

If additional corporate position held, please complete an additional sheet.



Form 4: Section III – Corporate Applicant Details, Qualifications & Experience

1. Name of corporate entity:

2. Registered address:

3. Country of incorporation:

4. Date of incorporation:

[day]/[month]/[year] _____

5. Registered number:

6. Please provide a full organisation chart of the applicant's group, indicating the ultimate controller (e.g. parent company) and any intermediate companies.

Attached

Yes ☐

No ☐

Not Applicable ☐

7. Please provide information on whether any of the companies within the group engage in financial services activities within the definition of those regulated by the Bahrain Monetary Agency (whether or not they are regulated in the territory where they are carried out). Please provide the name, address of its regulator.

Name of Company _____

Name and address of regulator

If additional companies engaged in financial services, please complete an additional sheet.

**Form 4: Section III – Corporate Applicant Details, Qualifications &
Experience (continued)**

8. Please provide details of the professional staff of the corporate applicant that would carry out their work in Bahrain, their qualifications and the year and place in which these were obtained (eg. ACA; ACCA; ACIB; ACIS etc) (with originals or certified copies of certificates and translations if not in Arabic or English).

Original or Certified Copies Attached Yes ☐ No ☐

Name of Staff	Membership No.	Professional Qualification	Year Obtained

9. Please provide details of any further relevant qualifications (not covered in Question III.8) of the professional staff of the corporate applicant that would carry out their work in Bahrain and the year and place in which these were obtained (with originals or certified copies of certificates and translations if not in Arabic or English).

Original or Certified Copies Attached Yes ☐ No ☐

Name of staff	Qualification	Educational Establishment	Year Obtained



**Form 4: Section III – Corporate Applicant Details, Qualifications &
Experience (continued)**

10. Please provide details of current membership of any relevant professional bodies of the professional staff of the applicant that would carry out their work in Bahrain, their address(es) and the year of admission.

Name of staff	Name of Professional Body	Address	Year of Admission

If additional professional bodies, please complete an additional sheet.



Form 4: Section IV – Applicant Background

1. Name of companies or businesses that the individual applicant or in the case of a corporate applicant whose individual staff would carry their work in Bahrain or member of the applicant's family² owns 20% or more or where the applicant has a controlling interest:

Name of Business, Address and Telephone Number	Nature of Business	Country of Incorporation

If additional businesses, please complete an additional sheet.

2. Has the applicant or any of its professional staff who would carry out their work in Bahrain or member(s) of its group been the subject of any litigation (or known circumstances which might give rise to litigation) over the past 5 years, or is any litigation currently outstanding, except cases arising in the course of normal business activities?

Yes ☐

No ☐

If yes, please provide details:

² The term "family" refers to father, mother, husband, wife, grandfather, grandmother, grandson and granddaughter.



Form 4: Section IV – Applicant Background (continued)

3. Has the applicant or any of its professional staff who would carry out their work in Bahrain or member(s) of its group been the subject of any judgment?

Yes ☐

No ☐

If yes, please provide details:

4. Has the applicant or any of its professional staff who would carry out their work in Bahrain, or any body corporate, partnership or unincorporated institution to which the applicant has, or has been associated with as a director, controller, manager or company secretary, ever applied to any regulatory authority in any jurisdiction for a license or other authority to carry on insurance activity?

Yes ☐

No ☐

If yes, please list all applications showing whether they have been successful or unsuccessful:

5. Has the applicant or any of its professional staff who would carry out their work in Bahrain at any time been convicted of any offence by any court, including civil or military (*excluding any minor traffic offence*) ?

Yes ☐

No ☐

If yes, please give full particulars of the court by which the applicant was convicted, the offence and the penalty imposed and the date of conviction:



Form 4: Section IV – Applicant Background (continued)

6. Has the applicant or any of its professional staff who would carry out their work in Bahrain ever been censured, disciplined or publicly criticised by any Court of Law or by any officially appointed enquiry whether in the Kingdom of Bahrain or elsewhere or by any professional body or trade association to which the applicant has belonged or been the subject of a regulatory order?

Yes ☐

No ☐

If yes, please give full particulars of the action taken, where and when it took place and the party having taken this action:

7. Has the applicant or any of its professional staff who would carry out their work in Bahrain, or any body corporate, partnership or unincorporated institution to which the applicant has, or has been associated with as a director, controller, manager or company secretary been the subject of an investigation by a governmental, professional or other regulatory body?

Yes ☐

No ☐

If yes, please give full particulars of the action taken, where and when it took place and the party having taken this action:



Form 4: Section IV – Applicant Background (continued))

8.Has the applicant or any of its professional staff who would carry out their work in Bahrain ever been the subject of a disciplinary enquiry of an investigation into allegations of misconduct or malpractice in connection with any business, or been found guilty of conducting unauthorised financial activities or been disciplined by any professional body or financial services regulator for misconduct or malpractice?

Yes ☐ No ☐

If yes, please give full particulars of the action taken, where and when it took place and the party having taken this action:

9. Has the applicant or any of its professional staff who would carry out their work in Bahrain ever been suspended from any office, or asked to resign?

Yes ☐ No ☐

If yes, please give full particulars of the action taken, where and when it took place:

10. Has the applicant or any of its professional staff who would carry out their work in Bahrain been dismissed from any office or employment or barred from entry to any profession or occupation?

Yes ☐ No ☐

If yes, please give full particulars of the action taken, where and when it took place:



Form 4: Section IV – Applicant Background (continued)

11. Has the applicant or any of its professional staff who would carry out their work in Bahrain ever been disqualified from acting as a director of a company or from acting in the management or conduct or the affairs of any company, partnership or unincorporated association?

Yes ☐ No ☐

If yes, please give full particulars of the action taken, where and when it took place:

12. Has the applicant or any of its professional staff who would carry out their work in Bahrain been adjudged bankrupt by a court?

Yes ☐ No ☐

If yes, please give full particulars of the action taken, where and when it took place:

13. Has the applicant or any of its professional staff who would carry out their work in Bahrain ever at any time been declared bankrupt and/or have any money judgments been made against the applicant which have not been satisfied in full?

Yes ☐ No ☐

If yes, please give full particulars of the action taken, where and when it took place:



Form 4: Section IV – Applicant Background (continued)

14. Has the applicant or any of its professional staff who would carry out their work in Bahrain or member(s) of its group been the subject of adverse finding in a civil action by any court or competent jurisdiction, relating to fraud, misfeasance or other misconduct?

Yes ☐ No ☐

If yes, please provide details:

15. Has the applicant or any of its professional staff who would carry out their work in Bahrain, in connection with the formation or management of any body corporate, partnership or unincorporated institution been adjudged by a court civilly liable for any fraud, misfeasance or other misconduct by the applicant towards such a body or company or toward any members thereof?

Yes ☐ No ☐

If yes, please give full particulars of the action taken, where and when it took place:

16. Has any body corporate, partnership or unincorporated institution with which the applicant or any of its professional staff who would carry out their work in Bahrain is or was associated as a director, controller, manager, partner or company secretary been compulsorily wound up or made a compromise or arrangement with its creditors or ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims, either while the applicant was associated with it or within one year after the applicant ceased to be associated with it?

Yes ☐ No ☐

If yes, please give full particulars of the action taken, where and when it took place:



**Form 4: Section IV – Individual Applicant Personal Background
(continued)**

17. Provide the name and address of one or more bankers as a reference for the BMA to obtain information on the conduct of the applicant's financial affairs over the past 5 years.

18. Has the applicant or any of its professional staff who would carry out their work in Bahrain ever been a director, partner or manager of a corporation which has been liquidated or under administration?

Yes ☐

No ☐

If yes, please give full particulars of the situation, including where and when it took place:
