



**Name of Proposed Licensee**



# **CENTRAL BANK OF BAHRAIN**

## **Form 1:**

### **Application for a License**

**(Application for a license to carry out regulated insurance services  
in the Kingdom of Bahrain)**



**Form 1: Application for a License**

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**Form 1: INSTRUCTIONS**

1. The application process for an insurance license consists of a single stage process: full details are to be found in Section AU-5.1, Volume 3 of the CBB Rulebook.
2. Applicants for a license must submit a duly completed 'Form 1: Application for a License', under cover of a letter signed by an authorised signatory of the applicant. Various supporting documentation – specified in the Form – must also be appended to the application; these include a non-refundable application fee of BD 100 (refer to Section AU-6.2).
3. Complete all sections as fully as possible, attaching supporting documents and continuation sheets where appropriate. The application should be written in black ink in BLOCK CAPITALS or typed.
4. Failure to provide all the required information may result in significant delays in processing the application. The CBB does not accept responsibility for any loss caused to the applicant by any such delay.
5. 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 may cause delay.
6. All documentation provided to the CBB 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 (see Rule AU-5.1.9).
7. The **original** completed form, together with supporting documentation, should be submitted to:  
  
The Director, Licensing Directorate  
Central Bank of Bahrain  
PO Box 27  
Manama  
Kingdom of Bahrain
8. Queries may be addressed to the Director, Licensing Directorate, on +973 17 547605 (telephone), +973 17 537554 (fax) and [licensing@cbb.gov.bh](mailto:licensing@cbb.gov.bh) (e-mail).
9. The CBB will review the application and, within 60 calendar days of the application having been declared complete by the CBB, advise the applicant in writing whether it has:
  - (a) Granted the application; or
  - (b) Refused the application, stating the grounds on which the application has been refused and the process for appealing against that decision.
10. In order for a license to be granted, applicants must have provided all the required information, as specified in Section AU-5.1, and demonstrated their ability to comply with the minimum licensing conditions specified in Chapter AU-2, of Volume 3 of the CBB Rulebook.
11. Applicants are reminded that no person may undertake regulated insurance services within or from the Kingdom of Bahrain unless duly licensed by the CBB (see Rule AU-1.1.1).
12. An insurance licensee must not carry on any commercial business in the Kingdom of Bahrain or elsewhere other than insurance business and activities directly arising from or incidental to that business (see Paragraph AU-1.1.10).



**Form 1: INSTRUCTIONS (CONTINUED)**

13. Finally, applicants are also reminded that providing to the CBB any information which is false or misleading in connection with the submission of this application or any related information may result in the refusal of the application or, if discovered later, the subsequent cancellation of any license issued.



**Form 1: DECLARATION**

We certify that we have read and understood the provisions of the Central Bank of Bahrain and Financial Institutions Law (Decree No. 64 of 2006) ('CBB Law'), and Volume 3 of the CBB Rulebook. We are aware that providing to the Central Bank of Bahrain ('CBB') any information which is false or misleading in connection with the submission of this application or any related information may result in the refusal of the application or, if discovered later, the subsequent cancellation of any license issued.

We certify that the information submitted in support of this application is complete and accurate to the best of our knowledge and belief and that there are no other facts relevant to this application of which the CBB should be aware. We also confirm that no regulated insurance service(s) will be carried on by us prior to obtaining a license.

We undertake to inform the CBB of any changes material to the application that may arise while the CBB is considering the application (see Volume 3 of the CBB Rulebook, Rule AU-5.1.10). We further undertake that, in the event that the institution is granted the license which is hereby sought, we will notify the CBB of anything affecting the material completeness or accuracy of the information provided in this application as soon as possible, but in any event no later than 15 calendar days from the time the changes come to our attention.

*The above declaration must be signed by at least two major proposed controllers (with an interest in the future licensee in excess of 10%). In the case of controllers that are legal persons, the declaration must be signed by 2 directors and bear the corporate seal.*

**WHERE THE PROPOSED CONTROLLER IS A NATURAL PERSON:**

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

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

**WHERE THE PROPOSED CONTROLLER IS A LEGAL PERSON:**

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

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



**Form 1: Contact Information**

*Please provide full contact details of person(s) with whom the CBB can communicate regarding this application. Please refer also to Paragraph AU-5.1.3: where a professional adviser is given as a contact point, a principal of the applicant must also be given as a contact point.*

Contact Point 1

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Capacity<sup>1</sup>: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Point 2 (if applicable)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Capacity<sup>1</sup>: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> (e.g.: professional adviser to the applicant, proposed director of applicant.)



**Form 1: Checklist**

*Please refer to Section AU-5.1, and to Rule AU-5.1.5 in particular. Please also refer to Section AU-6.2 regarding the application fee.*

Item	Attached? (please tick as appropriate)
<b>1. Copy of wire transfer</b> (payable to CBB) for application fee Please contact the Licensing Directorate for CBB account details for wire transfer purposes.	Yes ___ No ___
<b>2. Duly completed Form 2</b> (Application for Authorisation of Controller), for each controller of the proposed licensee (Refer to Section V)	Yes ___ No ___
<b>3. Duly completed Form 3</b> (Application for Approved Person status), for each individual identified to undertake a controlled function in the proposed licensee (Refer to Section VI)	Yes ___ No ___
<b>4. The business plan</b> for the proposed licensee (Refer to Section VII and Appendix I)	Yes ___ No ___
<b>5. Where the applicant is an overseas companies</b> , a copy of the company's commercial registration (or equivalent)	Yes ___ No ___ n/a ___
<b>6. Where the applicant is a Bahraini company</b> , a copy of its commercial registration certificate	Yes ___ No ___ n/a ___
<b>7. A certified copy of a Board resolution</b> of the applicant, confirming its decision to seek a license	Yes ___ No ___
<b>8. Details of the applicant's close links</b> (as defined in Chapter GR-6), e.g. a detailed group structure chart, if any	Yes ___ No ___ n/a ___
<b>9. In the case of applicants that are part of a regulated group</b> , a letter of non-objection to the license application, from the applicant's lead supervisor, and confirmation that it is in good regulatory standing and in compliance with applicable supervisory requirements	Yes ___ No ___ n/a ___
<b>10. In the case of branch applicants</b> , a letter of non-objection to the proposed license application from the applicant's home supervisor, together with confirmation that the applicant is in good regulatory standing and the company concerned is in compliance with applicable supervisory requirements	Yes ___ No ___ n/a ___
<b>11. In the case of branch applicants</b> , copies of the audited financial statement of the applicant (head office) for the 3 years preceding the application {Refer to Section VIII}	Yes ___ No ___ n/a ___



**Form 1: Checklist (continued)**

*Please refer to Section AU-5.1, and to Rule AU-5.1.5 in particular.*

<b>Item</b>	<b>Attached? (please tick as appropriate)</b>
<b>12. In the case of applicants that are part of a group, copies of the audited financial statements of the applicant's group, for the 3 years preceding the application (Refer to Section VIII)</b>	Yes ___ No ___ n/a ___
<b>13. In the case of applicants not falling under either (11) or (12) above, copies of the audited financial statements of the applicant's major shareholder, for the 3 years preceding the application, where they are a legal person (Refer to Section VIII)</b>	Yes ___ No ___ n/a ___
<b>14. In the case of applicants seeking to raise part of their capital through a private placement, a draft of the relevant private placement memorandum, together with a formal, independent legal opinion confirmation that the memorandum complies with all applicable capital markets laws and regulations</b>	Yes ___ No ___ n/a ___
<b>15. A copy of the applicant's memorandum and articles of association (in draft form for applicants creating a new company)</b>	Yes ___ No ___
<b>16. [This paragraph deleted in January 2008].</b>	Yes ___ No ___ n/a ___
<b>17. [This paragraph deleted in January 2008].</b>	Yes ___ No ___ n/a ___
<b>18. For companies using a management company, a copy of the proposed management contract (Refer to Section XI).</b>	Yes ___ No ___ n/a ___





**Form 1: Section I – License Type**

*Select either Bahraini Insurance Licensee or Overseas Insurance Licensee. Select also whether the insurance firm plans to operate as a conventional insurance firm or a takaful firm.*

<b>Please select applicable license type (please tick appropriate boxes)</b>							
	<b>Bahraini Insurance Licensee (i.e. Bahraini incorporated company)</b>	<b>Overseas Insurance Licensee (i.e. branch presence)</b>	<b>General</b>	<b>Long Term</b>	<b>Conventional</b>	<b>Takaful</b>	<b>Limited to Reinsurance</b>
1. Insurance Firm (including captive insurer) (Refer Section AU-1.1.13)							
2. Insurance Broker (Refer Section AU-1.1.16)							
3. Insurance Consultant (Refer Section AU-1.1.19)							
4. Insurance Manager (Refer Section AU-1.1.22)							
5. Insurance Exchange Operator (Refer Section AU-1.1.23)							



**Form 1: Section II – Licensee Details**

**Please complete all fields**

1. Name of proposed licensee:

2. Date of incorporation:

3. Home regulator (branch applicants only) – name and contact details:

4. If applicant is part of a group, lead regulator – name and contact details:

**For Application for Overseas Insurance Licensee**

5. Details of any judgement debt, scheme(s) of arrangement(s), receivership, bankruptcy, insolvency, administration, voluntary/compulsory liquidation petition etc, for the institution, or any member of its group, within the last 10 years.

\_\_\_\_\_

6. Details of any non-routine inspection /investigation carried out by any regulatory or professional body into the affairs of the institution or any member of its group within the last 5 years.

\_\_\_\_\_

7. Details of any criminal or administrative convictions, censures or fines, both public and private, against the institution or any member of its group within the last 10 years.

\_\_\_\_\_

8. Details of refusal of entry into, expulsion from, or withdrawal of application made for membership of, any professional body or trade association relevant to the business of the institution within the last 10 years.

\_\_\_\_\_



**Form 1: Section II – Licensee Details**

9. Details of any current or likely litigation (or matter of dispute with any authority, including taxation authorities) which may have a material effect on the institution or any member of its group.

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**Form 1: Section III – Legal Status**

**Please select one** ✓

1. Type of company (Ref. Section AU-2.1)

<ul style="list-style-type: none"> <li><i>Insurance Firm (includes takaful/retakaful and reinsurance firms)</i></li> </ul>	<p><b>B.S.C</b></p>	<p><b>Branch</b></p>
<ul style="list-style-type: none"> <li><i>Captive Insurance Firm</i></li> </ul>	<p><b>B.S.C</b></p>	<p><b>Branch</b></p>
<ul style="list-style-type: none"> <li><i>Insurance Broker</i></li> </ul>	<p><b>W.L.L</b></p>	<p><b>B.S.C</b></p>
<ul style="list-style-type: none"> <li><i>Insurance Consultant</i></li> </ul>	<p><b>Bahraini Single Person Company</b></p>	<p><b>B.S.C</b></p>
<ul style="list-style-type: none"> <li><i>Insurance Manager</i></li> </ul>	<p><b>B.S.C</b></p>	<p><b>W.L.L</b></p>
		<p><b>Branch</b></p>



**Form 1: Section IV – Insurance Business**

1. Please select the classes of activities you propose to undertake (insurance firms and insurance brokers only).

**General Business**

Aviation and Marine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Motor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical (short term ≤ 1 yr)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Miscellaneous	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Long Term Business**

Life	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Investment linked insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Long Term Medical and Permanent health	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Other**

Please specify \_\_\_\_\_

2. Does the applicant wish to establish a branch or subsidiary outside Bahrain?

Yes  No

If yes, please provide details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. On which date does the applicant wish to start insurance activities in Bahrain?

\_\_\_\_\_

*N.B. If an applicant wishes to establish a branch or subsidiary outside of Bahrain, then it must satisfy CBB that it has the necessary resources (in terms of people, systems and controls, and capital) to support the additional risks involved.*



**Form 1: Section V – Controllers**

List all names (including any previous names used) of all controllers (current and/or proposed) together with the percentage and nature of control (e.g., number and class of shares (to be) held, directly or on their behalf. Refer to Chapter GR-5, Volume 3 of the CBB Rulebook, for definitions of controller. Please also remember to include a completed Form 2 for each controller (refer to Checklist Section of this Form).	Form 2 Attached
Name: _____ Nature of control: _____ Shareholder    Other (please specify) _____ Percentage of control: _____	Yes/No
Name: _____ Nature of control: _____ Shareholder    Other (please specify) _____ Percentage of control: _____	Yes/No
Name: _____ Nature of control: _____ Shareholder    Other (please specify) _____ Percentage of control: _____	Yes/No
Name: _____ Nature of control: _____ Shareholder    Other (please specify) _____ Percentage of control: _____	Yes/No
<b>If there are additional controllers please use a continuation sheet</b>	





**Form 1: Section VI – Management and Board Details**

**Please complete all fields. Please also remember to include a completed Form 3 for each controlled function, and to provide details of Board and management as part of the business plan (refer to Checklist and Appendix, as well as to Section AU-1.2 in Volume 4, CBB Rulebook).**

1. Names of all (proposed) Directors of the applicant:

2. Name of proposed chief executive / general manager of the applicant:

3. Names of proposed Heads of function of the applicant:

4. Name(s) of proposed Compliance Officer / MLRO:

5. Names of proposed members of Sharia Supervisory Board (where applicable):

6. Names of any proposed unit-linked investment adviser:

7. (For companies using a management company only).

Name of the insurance management company's employee who will act as General Manager (this person must be an 'approved person' of the Bahrain licensed insurance manager).





**Form 1: Section VII – Financial Resources**

**Please complete all fields. Please remember to include detailed financial projections as part of the business plan (refer to Checklist and Appendix)**

1. Detail below the proposed paid in and authorised share capital of the applicant, together with any form of capital and method of capitalisation. (refer to Module CA, and use a continuation sheet if necessary):

2. Detail the origin of the source(s) of funds used to capitalise the applicant (use a continuation sheet if necessary):

3. If part of the capital is to be raised through a private placement, please detail (i) who the likely investors will be; (ii) how many will be approached and in what manner; (iii) what is the likely distribution of capital following the placement; and (iv) what fees, commission or other expenses will be charged to investors. Please also include a draft copy of the private placement memorandum (refer to Checklist), and use a continuation sheet if necessary.



**Form 1: Section VIII – Accounts**

**Please complete all fields. Please also remember to include required copies of previous years' audited financial statements (refer to Checklist).**

1. When would the applicant, if licensed, produce its first set of audited accounts?

2. What financial year-end would the applicant, if licensed, operate to?

3. If the year-end specified in answer to (2) above is not 31 December, please provide a justification (use a continuation sheet if necessary):

4. Please specify the applicant's external auditors (actual or to be appointed – specify which):



**Form 1: Section IX – Captive Insurers only**

1. Is a management company to be used for the day-to-day management of the captive?

Yes  No

2. If the company is not fully funded in the formative years what provision is there in effect if there are early heavy losses?

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**Form 1: Appendix I – Business Plan Requirements**

## **Business Plan Outline**

*Rule AU-5.1.5(c) requires a comprehensive business plan to be submitted as part of an application for a license. This document constitutes a key part of the application, since it represents one of the principal means by which the quality of an applicant – and hence its ability to meet the CBB’s licensing conditions – can be assessed.*

*This Appendix provides additional Guidance to the required contents of a business plan, as specified in Rule AU-5.1.6. The following points should be regarded as non-exhaustive: if additional areas of information are relevant to a particular application, then they should also be included.*

### ***Background***

A short history of the applicant, its shareholders and (where relevant) its group;

The reasons for applying for a license in Bahrain; together with a description of the legal entity structure of the group (where relevant), a brief summary of its key business lines and centres, and the location of its mind and management.

### ***Operations***

A summary of any proposed portfolio transfers together with an actuarial valuation establishing the transfer value.

The investment policy to be adopted by the applicant together with the names of any investment managers, where applicable to be utilised.

A narrative, consistent with the financial projections provided, outlining exposures to be underwritten, reinsurance to be obtained and the dividend policy to be pursued (where known).

A summary of the reinsurance programme, detailing (a) reinsurers; (b) credit worthiness of the reinsurer(s) supported by rating from an international rating agency; and (c) attachment points.

A summary of any fronting arrangement, detailing (a) fronting insurers; (b) credit worthiness of the reinsurer(s) supported by rating from an international rating agency; and (c) commission structures.

## **Business Plan Outline (continued)**

A summary of how loss reserves are to be calculated and accounted for.

Details of any other business to be undertaken.

### ***Financial Projections***

Financial projections and all related assumptions, covering at least the first 3 years of operations of the applicant following licensing. These should include, where appropriate:

- Forecast profit and loss account, broken down into its main components;
- Forecast balance sheet, broken down into its main components, and including details of off-balance sheet items;
- Regulatory capital adequacy calculations, based on the above projections, demonstrating compliance with the CBB's requirements;
- Stress and scenario testing, showing the impact of different assumptions in terms of asset and revenue growth, profitability and capital adequacy; and
- A calculation of the risk gap and explanation of the resources available to meet it should the need arise (**captive insurers only**).

### ***Risk Management***

An assessment of the risks that the applicant is likely to incur (including risks that may be incurred through its appointed representatives or managers).

An explanation of the applicant's strategy for managing those risks, and a summary of the key risk policies, systems and controls, and limits to be applied.

### ***Market Research***

The applicant's strategy and market objectives.

Confirmation that the financial projections are and should be consistent with any market research and actuarial studies. Market research and actuarial studies should be identified. Where this is not provided an explanation must be provided.

Description of all products and methods of marketing and distribution.

### ***Board of Director and employees***

Proposed board and senior management.

An organisation chart, showing all key functions, reporting lines and managerial position.

A summary of proposed recruitment, remuneration and training policies.