



**Name of Insurance Firm:** \_\_\_\_\_

**Name of Appointed Representative:** \_\_\_\_\_



# **CENTRAL BANK OF BAHRAIN**

## **Form 5: Application for Registration of Appointed Representative**

**(Application for registration of appointed representative in the  
Kingdom of Bahrain)**



**Form 5: Application for Registration of Appointed Representative**

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**Form 5: INSTRUCTIONS**

**PLEASE NOTE:**

1. All insurance firms wishing to register appointed representatives as defined in Chapter GR-9 of Volume 3 (Insurance) Rulebook with the Central Bank of Bahrain ('the CBB') must receive CBB prior approval.
2. This application form should be completed by referring to Volume 3 (Insurance) of the CBB Rulebook, in particular Module AU (Authorisation) and Chapter GR-9 Appointed Representatives. The rules applicable to Registered Appointed Representatives are found in Section AU-1.3A, Chapter AU-4 and Section AU-5.3.
3. Insurance firms should satisfy themselves that the appointed representative meets the requirements of the Rulebook before submitting an application. This form contains the principal elements that are required, but should insurance firms 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 CBB merely because it is in the public domain or has previously been disclosed to the CBB 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 CBB does not accept responsibility for any loss caused to the insurance firm by any 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.
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 Directorate  
Central Bank of Bahrain  
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 [licensing@cbb.gov.bh](mailto:licensing@cbb.gov.bh) (e-mail).
10. Insurance firms and appointed representatives are 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 withdrawal of registration or other disciplinary measures.



**Form 5: DECLARATION OF INSURANCE FIRM**

I certify that the information in this Form 5 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 Central Bank of Bahrain (CBB) should be aware.

I am aware that providing to the CBB any information which is false or misleading in connection with an application for registration of an appointed representative may result in the withdrawal of registration or other disciplinary measures.

I undertake to inform the CBB of any changes material to the application which arise while the CBB is considering the application. I further undertake that, in the event that the registration status being sought is granted, I will notify the CBB of any material changes to or affecting the completeness or accuracy of, the information provided in Form 5 above as soon as possible, but in any event no later than 15 calendar days from the day that the changes come to my attention.

\_\_\_\_\_  
Name of insurance firm (please print)      Signature of CEO/General Manager      Date

CORPORATE SEAL OF INSURANCE FIRM



**Form 5: DECLARATION OF APPOINTED REPRESENTATIVE**

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

I am aware that providing to the CBB any information which is false or misleading in connection with an application for registration as appointed representative may result in the withdrawal of registration or other disciplinary measures.

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

I undertake to inform the CBB of any changes material to the application which arise while the CBB is considering the application. I further undertake that, in the event that the registration status being sought is granted, I will notify the CBB of any material changes to or affecting the completeness or accuracy of, the information provided in Form 5 above as soon as possible, but in any event no later than 15 calendar days from the day that the changes come to my attention.

**WHERE PROPOSED APPOINTED REPRESENTATIVE IS AN INDIVIDUAL:**

\_\_\_\_\_

Name of appointed rep (please print name)    Signature of appointed rep    Date

**WHERE THE APPOINTED REPRESENTATIVE 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 5 Contact Information**

Please provide full contact details of the insurance firm, appointed representative and an authorised representative of the insurance firm (e.g. senior management) or with whom the CBB can communicate with, regarding this application.

We have reviewed the information given by the appointed representative on this form and upon enquiry of the same, can confirm that such answers are, in our opinion, correct and accurate in all respects.

Signature of CEO/General Manager of insurance firm: \_\_\_\_\_

Date \_\_\_\_\_ Company Stamp: \_\_\_\_\_

**Insurance Firm:**

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

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

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

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

**Authorised Representative of Insurance Firm (if applicable):**

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

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

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

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

**Appointed Representative or Authorised Representative (if applicable):**

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

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

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

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

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



**Form 5: Section I – Appointed Representative Details**

1. Name of the insurance firm in respect of which this application for registered appointed representative is being made:

\_\_\_\_\_

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

a) A natural person (individual appointed representative)

**Please complete sections II and IV.**

b) A legal person (corporate appointed representative)

**Please complete sections III and IV.**



**Form 5: Section II – Individual Appointed Representative Details,  
Qualifications & Experience**

1. Name of the individual for registration as appointed representative:

First Names: \_\_\_\_\_

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

2. Has the individual 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 individual:

\_\_\_\_\_

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

Date	Address

6. Passport Information

Passport Number: \_\_\_\_\_ Place of issue: \_\_\_\_\_

Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_





**Form 5: Section II – Individual Appointed Representative Details,  
Qualifications & Experience (continued)**

7. Please attach a certified copy of your passport.

*(Note that the copy of the passport must 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 CBB licensee.*

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

**Attached**

Yes  No

8. Please provide details of any professional qualifications 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

Membership No.	Professional Qualification	Year Obtained

9. Beginning with your present employment, please provide details of all occupations and employment over the past 5 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 <sup>1</sup>	Address	Nature of Business	Position Held

<sup>1</sup> If self-employed, mark as self-employed.



**Form 5: Section III – Corporate Appointed Representative 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 details of the professional staff (designated individuals) of the corporate appointed representative that would carry out the duties of appointed representative 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



**Form 5: Section III – Corporate Appointed Representative Details,  
Qualifications & Experience (continued)**

7. 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

8. Paragraph GR-9.1.3 requires where the appointed representative is a corporate entity, its memorandum and articles of association must include the activities of the appointed representative of the CBB licensed insurance firm, as required under Resolution 11 issued as per Article 74 of the CBB Law. Please attach a copy of the draft memorandum and articles of association.

**Copy of Memorandum and Articles of Association Attached**

Yes  No



**Form 5: Section IV – Appointed Representative Background**

1. Has the individual appointed representative or any of the designated staff of the corporate appointed representative who would carry out their work in Bahrain 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:

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2. Has the individual appointed representative or any of the designated staff of the corporate appointed representative who would carry out their work in Bahrain been the subject of any judgement?

Yes  No

If yes, please provide details:

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3. Has the individual appointed representative or any of the designated staff of the corporate appointed representative 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 appointed representative was convicted, the offence and the penalty imposed and the date of conviction:

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**Form 5: Section IV – Appointed Representative Background (continued)**

4. Has the individual appointed representative or any of the designated staff of the corporate appointed representative 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:

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5. Has the individual appointed representative or any of the designated staff of the corporate appointed representative who would carry out their work in Bahrain 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:

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6. Has the individual appointed representative or any of the designated staff of the corporate appointed representative 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:

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**Form 5: Section IV – Appointed Representative Background (continued)**

7. Has the individual appointed representative or any of the designated staff of the corporate appointed representative 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:

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8. Has the individual appointed representative or any of the designated staff of the corporate appointed representative 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:

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9. Has the individual appointed representative or any of the designated staff of the corporate appointed representative 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:

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**Form 5: Section IV – Appointed Representative Background (continued)**

10. Has the individual appointed representative or any of the designated staff of the corporate appointed representative who would carry out their work in Bahrain ever at any time been declared bankrupt and/or have any money judgements been made against the appointed representative 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:

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11. Has the individual appointed representative or any of the designated staff of the corporate appointed representative who would carry out their work in Bahrain 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:

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12. Has the individual appointed representative or any of the designated staff of the corporate appointed representative 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 appointed representative 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:

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