

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 3.

**APPLICATION FOR LICENSING/RENEWAL OF LICENCE AS AN
INSURANCE/REINSURANCE BROKER FOR THE YEAR ENDING
31 DECEMBER 20.....**

(Delete whichever is not applicable)

1. Names of applicant:
2. Postal address (Head office):
3. Telephone Nos:
4. Fax No: E-Mail:
5. Physical address:
6. Share capital: (a) Authorised:
(b) Paid up:
7. Insurance business intended to be transacted for (state whether life or non life).
8. Names and address of Bankers:
9. External Auditors:
10. Insurers to whom business was placed in the last preceding year:
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11. Directors:
 - (a) Name, Nationality and address of the directors of the applicant:
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 - (b) Has any of the directors in the past five years been convicted of any offence involving fraud or dishonesty?
If yes give details on a separate sheet of paper.
 - (c) Has any of the directors been adjudged to be bankrupt or compounded with creditors?
If yes give full details separately.

- (d) Does any of the directors have any interest in any firm licensed under the Insurance Act.

Please state the nature of the interest on a separate paper.

- 12. Name of the chief executive officer of the applicant:
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- 13. Total No. of employees employed:
Managerial: Supervisory: Others:
- 14. Attach photocopy of professional indemnity insurance cover.

I certify that the statements contained in this application and in the documents submitted with it are true and accurate to the best of my knowledge and belief.

Date:

.....
Principal Officer.

.....
Title.

The following enclosures should be attached hereto accordingly.

ENCLOSURES TO THE APPLICATION FORM

1. Detailed and signed curriculum vitae of directors, the chief executive officer, and technical staff.
2. List of other personnel.
3. Address, telephone numbers and details of any branch office.
4. Documentary evidence of paid up capital.
5. Evidence of payment of statutory deposit with Bank of Uganda. (If new applicant and/or a change has occurred in the paid-up capital).
6. Certified copies of memorandum and articles of associations, and certified copy of certificate of incorporation (if new applicant).
7. Photocopy of certificate of membership of the Uganda Association of Insurance Brokers. Attach evidence of payment of subscription fees.