

**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  
Web. [www.ira.go.ug](http://www.ira.go.ug) , E-mail: [ira@ira.go.ug](mailto:ira@ira.go.ug)  
Kampala - Uganda

**APPLICATION FOR REGISTRATION OF INSURERS, REINSURERS, INSURANCE BROKERS, INSURANCE LOSS ASSESSORS AND ADJUSTERS, INSURANCE SURVEYORS, CLAIM SETTLING AGENTS AND HEALTH MEMBERSHIP ORGANISATIONS.**

To  
The Insurance Regulatory Authority  
Plot 5, Kyadondo Road  
Legacy Towers, Block B, Second Floor  
P.O. Box 22855  
**Kampala**

I the undersigned hereby apply for registration as ..... (e.g. Insurer, reinsurer, broker etc)

1. Name and Address of Company/Firm/Person

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2. Legal Status (e.g. Limited Company, sole proprietor, partnership) mutual insurance company, also indicate whether local or foreign.

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3. Physical location of Head office ..... Plot No. .... Street..... Town ..... Telephone ..... Fax ..... Postal Address.....

4. Physical location of Branch Offices

(a) Plot No.....Street..... Town ..... Telephone.....Fax..... Postal address.....  
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(b) Street:..... Plot No. .... Town..... Telephone..... Fax..... Postal address.....

(c) ..... Plot No.....Town.....  
Telephone.....Fax..... Postal address.....  
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5. Date and number of incorporation/registration .....

Attach copy of certificate of incorporation/registration and copy of Memorandum and Articles of Association. In case of mutual Insurance Company, also attach instruments of subscription for members).

6. Nature of business (e.g. Life insurance, Non-life insurance, reinsurance, brokerage, agency, loss assessors, loss adjuster etc.)

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7. Date of commencement of business.....

8. Names, addresses, nationality, qualifications and occupation of Directors

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9. Names, nationality and address of shareholders .....

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10. Names, qualifications and experience of senior executive and key management staff. (Attach organizational chart) .....

I..... of .....  
do hereby solemnly declare that the information given herein is true to the best of my knowledge and belief.

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**APPLICANT**

Date .....

\*Attach clearly marked separate sheet if the space provided is inadequate.