

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 5.

**APPLICATION FOR LICENCE/RENEWAL OF LICENCE AS A RISK
MANAGER LOSS ASSESSOR/LOSS ADJUSTER/INSURANCE
SURVEYOR CLAIMS SETTLING AGENT FOR THE
YEAR ENDING 31 DECEMBER 20.....
(Delete whichever is not applicable)**

1. Name of applicant:
2. Postal address:
3. Physical address:
4. Telephone Nos: Fax No: E-Mail address.....
6. Incorporation status (tick as appropriate) Individual/Partnership/
Company:.....
7. Name and address of Bankers:
8. Name and address of External Auditors:
9. Insurers with whom business was done in the last preceding year:
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.....
.....
.....
10. Number of years of experience:
11. Share capital: Paid up capital:
12. Attach detailed and signed CVs of shareholders, directors, partners, or associates:
.....
.....
13. Attach detailed signed CVs of management and technical staff.
14. (a) 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.
- (b) Has any of the directors been adjudged to be bankrupt or compounded
with creditors?
If yes give details separately
- (c) Has any of the directors been found to be of unsound mind by a competent
court of law?

If yes give full details separately

15. If the applicant is a company incorporated under the Companies Act-Cap 85, attach copies of memorandum and articles of association and certificate of incorporation. If it is registered under the Business Names Registration Act, Cap 81 attach photocopy of a certificate of registration (if new applicant).
16. Does any member of staff have any interest in any firm licensed under the Act?
If yes provide details on a separate paper.
17. Give details of physical and postal address including telephone, fax, E-mail of any branch office.

SIGNED:.....

DATE: