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, E-mail: 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 2. Legal Status (e.g. Limited Company, sole proprietor, partnership) mutual insurance company, also indicate whether local or foreign. Physical location of Head office Plot 3. No. Street..... Town Telephone Fax Postal Address..... Physical location of Branch Offices 4. (a) (b) Street: Town. Town. Telephone..... Fax..... Postal address.....

	(c)	Telephone		Fax		ostal addres	S	
5.	Date	and number of						
	Mem	ch copy of orandum and pany, also atta	Articles	of Associati	on. In case	e of mutual	Insura	
6.		re of busines erage, agency,			·	nsurance, r	einsurar	ice,
7.	Date	of commence	ment of bu	ısiness				
8.		es, addresses						
9.	Name	es, nationality	and addre	ess of sharel				
10.		es, qualificat	ions and	experience		executive	and	key
do h	ereby	solemnly decl	are that th					
		APPLIC			·····			
Date								

^{*}Attach clearly marked separate sheet if the space provided is inadequate.