

**Notification file or licensing application file of a natural person for a function with an undertaking supervised by the CAA other than an insurance or reinsurance intermediary**

Type of entity	<input type="text"/>
Requested function	<input type="text"/>
Has the person already been notified/approved by the CAA?	<input type="text"/>
Has the person already been notified/approved by another supervisory authority?	<input type="text"/>
If so, which other supervisory authority was the person last notified to/approved by?	<input type="text"/>

All sections required for the notification or request (see below)  
are to be completed electronically, then printed and signed.

The signed document and the electronic file (in the original, non-scanned PDF format)  
must be addressed to the Commissariat aux Assurances by mail  
and, respectively, by email to [gouvernance@caa.lu](mailto:gouvernance@caa.lu)  
with all the supporting documents required  
(originals and scans of documents in PDF form).

This form does not exempt you from providing details of the application to the CAA in the accompanying letter nor from providing any additional information that may be requested later by the CAA (e.g. assessment by the company of the person's good reputation and competence).

- |                                                                                                    |                                         |
|----------------------------------------------------------------------------------------------------|-----------------------------------------|
| Section 1 : to be systematically filled in                                                         | 1. Identification of the natural person |
| Section 2 : to be filled in if the requested position is held in an undertaking already determined | 2. Requested function                   |
| Section 3 : to be systematically filled in                                                         | 3. Declaration of honour                |
| Section 4 : to be systematically filled in                                                         | 4. Competence                           |

### **CAA' s Statement on Personal Data**

The personal data collected by means of this form are processed by the CAA for the purpose of carrying out the tasks assigned to it by the law on the supervision of the insurance sector in the Grand Duchy of Luxembourg, in particular by the amended law of 7 December 2015 on the insurance sector. The supervision of legal and natural persons is stipulated in Article 2 of the said law and the powers of the CAA are defined in Article 4.

The tasks of the CAA concern in particular the requirements of good reputation and competence referred to in the above mentioned law in Articles 72 (management and other key functions of insurance and reinsurance undertakings), 89 (candidates for the acquisition of an insurance or reinsurance undertaking) and 133 (general representative of a branch in a third country), 201 (directors and managers of certain holding companies), 221 (directors and managers of financial conglomerates), 261 (professionals of the insurance sector, known as PSA), 274 (all functions subject to a licence), 281 (insurance and reinsurance intermediaries) and 296 (candidates for the acquisition of a PSA or an intermediary).

The personal information collected and processed by the CAA also fall in the scope of the tasks determined by the law transposing Directive (EU) 2016/97 of 20 January 2016 on the distribution of insurance (IDD) and by CAA Regulation 13/01 of 23 December 2013 on the fight against money laundering and the financing of terrorism (AML/CFT).

Personal data is kept as long as the person is likely to perform one of the functions mentioned above or to submit a new notification or request for a licence.

This personal data may be compared with other information collected by the CAA, but it is not subject to an automatic decision making process.

These personal data will be processed as part of the CAA's legal tasks and may be communicated to other European authorities with whom the regulations applicable to the CAA require international cooperation.

In accordance with Chapter VI of the amended law of 2 August 2002 on the protection of individuals with regard to the processing of personal data and in accordance with Regulation (EU) 2016/679 of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, the person concerned has certain rights, including in particular the right of access to information concerning him/her, the right to rectify inaccurate information or the right to lodge a complaint with a supervisory authority.

Data Protection Officer: Mr Patrick Conrardy - email : [dpo@caa.lu](mailto:dpo@caa.lu)

Section 1

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**Identification of the natural person**

The section is to be completed electronically, then to be entirely printed and signed.

The information shall be updated with each new notification or request for a licence.

Mandatory information is indicated by an asterisk (\*) on the right.

**Identification of the undersigned natural person**

Title		101
Last name(s) of the undersigned as shown on the identity document attached to the file		102 *
Last name of use, if different (e.g. ex-spouse name)		103
First name(s) of the undersigned as shown on the identity document attached to the file		104 *
First name of use, if different		105
Gender		106 *
Date of birth		107 *
Place of birth		108 *
Country of birth		109 *
Nationality (in accordance with the identity document attached to the file)		110 *
If applicable : second nationality		111
Email address		112
Phone number		113
Country of residence and country of main activity over the last 5 years		114 *
Please indicate the same country only once.		115 *
		116 *
		117 *
		118 *

**I, the undersigned**  **declare the information provided in this document to be true and accurate.**

**The undersigned acknowledges and accepts that if this document is inaccurate, his good reputation, as defined in Article 32 of the amended Law of 7 December 2015 on the insurance sector, shall be compromised.**

Date of signature		119 *
Signature		120 *

Section 2

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**Function requested by a natural person**

The section is to be completed electronically, then to be entirely printed and signed.  
The information shall be updated with each new notification or request for a licence.  
Mandatory information is indicated by an asterisk (\*) on the right.  
The drop-down lists are indicated by a grey background.

**2.1. Identification of the undertaking supervised by the CAA  
in which the function is requested**

Name of the undertaking		301 *
Name of the group the undertaking belongs to at the time of notification		302

**2.2. Requested position in the undertaking**

Date of appointment by the statutory body (subject to approval or non-objection by the CAA)		303
For a notification: effective date		304
Description of any conflicts of interest related to the requested function and the measures taken to prevent them or to limit their effects		
If none, tick this box :		305
		306

### 2.3. Activities carried out by the undersigned natural person

#### Position(s) held or to be held in the undertaking or its group simultaneously with the requested position :

Please indicate the functions that the natural person already performs or will perform, simultaneously with the function requested, in the undertaking, in any other company of the same group or at the same level of the group

*in another company  
of the group or at  
the level of the  
group itself*

	<i>in the undertaking</i>	
Chairman or Vice-Chairman of the Board of Directors	307	308
"Administrateur - délégué"	309	310
Other member of the Board of Directors	311	312
Member of a Board Committee	313	314
Licensed Manager ("Dirigeant agréé")	315	316
General representative of a branch outside of Luxembourg	317	318
Key function holder for Internal Audit function (Solvency II)	319	320
Key function holder for Actuarial function (Solvency II)	321	322
Key function holder for Risk Management function (Solvency II)	323	324
Key function holder for Compliance function (Solvency II)	325	326
Responsible for Compliance (AML/TF)	327	328
Compliance Officer (AML/TF)	329	330
Distribution Manager (IDD)	331	332
Insurance or reinsurance agent	333	334

#### Employment contract in force at the time of taking up the position \*

Employee of the undertaking in which the position is requested	401
Employee in another company of the same group	402

If the information required here below is more extensive than expected, please complete the main information in this form and provide the full information in an annex.

Functions listed above performed by the undersigned outside the group in other insurance/reinsurance, financial or industrial/commercial undertakings \*

If none, tick this box : ☐ 403

Undertaking	Function
404	405
406	407
408	409
410	411
412	413

#### Other professional activities \*

If none, tick this box : ☐ 414

415
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All direct and indirect participations of the undersigned ( $\geq 10\%$ ) in a Public Interest Entity (PIE): please specify each time the total participation rate and the supervisory authority \*

If none, tick this box : ☐ 416

Undertaking	Participation rate (direct and indirect)	Supervisory authority
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Close links (in particular of an economic, financial, contractual or family nature if there is a common interest in the company's assets) with other directors or officers of the undertaking, and with investors or shareholders of the undertaking (participation  $\geq 10\%$ ) \*

If none, tick this box : ☐ 432

<input type="text"/>	433
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I, the undersigned  declare the information provided in this document to be true and accurate. \*

The undersigned acknowledges and accepts that if this document is inaccurate, its good repute, as defined in Article 32 of the amended Law of 2015 on the insurance sector, shall be compromised.

Date of signature	<input type="text"/>	434 *
Signature	<input type="text"/>	435 *



Section 3

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**Declaration of honour**

The entire section must be completed electronically, then printed ~~and signed~~.  
The information shall be updated with each new notification or request for a licence.  
Mandatory information is indicated by an asterisk (\*) on the right.

I, the undersigned   
declare on my honour and to my best knowledge :

<input type="checkbox"/> (a) never having been or currently not being subject to any proceedings for fraudulent bankruptcy, insolvency, moratorium, controlled management, suspension of payment, judicial liquidation, reorganisation or any similar proceedings generally affecting the rights of creditors, in Luxembourg or in any other jurisdiction;	501
<input type="checkbox"/> (b) never having been or currently not being director, manager or having any other managerial function or significant influence in an undertaking, legal person or other legal entity which has been or is subject to proceedings for fraudulent bankruptcy, insolvency, moratorium, controlled management, suspension of payment, judicial liquidation, reorganisation or any other similar procedure generally affecting the rights of creditors, or which has had or is having a significant influence on a company subject to such proceedings, in Luxembourg or in any other jurisdiction;	502
<input type="checkbox"/> (c) never having had a criminal record concerning my activity, nor having been subject to a criminal investigation or criminal proceedings, warrant of arrest, surrender procedure, nor having been subject to preventive detention, a measure of imprisonment, a criminal fine or other criminal sanction, nor having been subject to civil or administrative proceedings concerning my activity, nor having been subject of disciplinary measures concerning my activity (including disqualification as a director of a company or in the context of a fraudulent bankruptcy, insolvency proceedings or similar measures), nor currently being subject to any investigations, procedures or measures described above, in Luxembourg or in any other jurisdiction;	503
<input type="checkbox"/> (d) never having been or currently not being subject to investigations, enforcement proceedings or sanctions by a supervisory authority, in Luxembourg or in any other jurisdiction;	504
<input type="checkbox"/> (e) never having been or currently not being a director, manager or shareholder in an entity that has been or currently is subject to investigations, enforcement proceedings or sanctions by a supervisory authority, in Luxembourg or in any other jurisdiction;	505
<input type="checkbox"/> (f) never having been subject to a refusal or a withdrawal of licence, registration, authorisation, membership or licence to carry out an activity, business or profession, nor having been subject to a removal order by a regulatory or administrative body, in Luxembourg or in any other jurisdiction;	506
<input type="checkbox"/> (g) never having been dismissed or encouraged to resign from employment or a position of trust, fiduciary relationship or similar situation, by reason of alleged serious infringement of professional obligations, in Luxembourg or in any other jurisdiction;	507

Other remarks or explanations by the undersigned on the above-mentioned points, in particular if one of the points cannot be confirmed by the undersigned. Please attach any necessary explanatory document.

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**By signing this declaration of honour, the undersigned commits to inform the CAA without delay in case any of the elements covered by this declaration were to change in the future.**

**The undersigned acknowledges and accepts that if this declaration of honour is inaccurate, its good repute, as defined in Article 32 of the amended Law of 7 December 2015 on the insurance sector, shall be compromised.**

**By signing this declaration of honour, the undersigned commits himself to act openly and fairly towards the CAA, and to transmit in an appropriate and active manner any information of which the CAA would reasonably expect notice.**

Place of signature	<span style="border: 1px solid black; display: inline-block; width: 450px; height: 1.2em; vertical-align: middle;"></span>	509 *
Date of signature	<span style="border: 1px solid black; display: inline-block; width: 450px; height: 1.2em; vertical-align: middle;"></span>	510 *
Signature	<span style="border: 1px solid black; display: inline-block; width: 450px; height: 1.2em; vertical-align: middle;"></span>	511 *

Section 4  
-  
**Competence**

The entire section must be completed electronically, then printed and signed.  
The information shall be updated with each new notification or request for a licence.  
Mandatory information is indicated by an asterisk (\*) on the right.

**4.0. General information (to be filled in systematically)**

<b>Type of the main training</b>												601	*
<b>Diploma obtained in this training</b>												602	*
<b>List of university trainings, starting with the most recent ones</b>													*
Country		Name of establishment		Name of training		Duration (years)		Diploma obtained		Year of graduation			
	611		612		613		615		617		616		
	621		622		623		625		627		626		
	631		632		633		635		637		636		
	641		642		643		645		647		646		
<b>Professional or additional continuous trainings during the last 10 years or in progress</b>													*
by indicating the most relevant for the requested functions													
												If none, tick this box : <input type="checkbox"/> 650	
Country		Name of establishment		Name of training		Beginning Year		Duration (hours)		End year			
	651		652		653		654		655		656		
	661		662		663		664		665		666		
	671		672		673		674		675		676		
	681		682		683		684		685		686		
<b>Other certifications or diplomas obtained in connection with the requested functions</b>													*
												If none, tick this box : <input type="checkbox"/> 700	
Country		Organisation that issued the certification or diploma				Certification or diploma obtained				Year			
	701										704		
	711										714		
	721										724		
	731										734		

<b>Professional experience</b>				If none, tick this box : <input type="checkbox"/> 740		*
	Duration			Main function		
<i>insurance sector</i>	<input type="text"/> years	741		<input type="text"/>	742	
<i>financial sector</i>	<input type="text"/> years	743		<input type="text"/>	744	
<i>other sectors</i>	<input type="text"/> years	745		<input type="text"/>	746	
<i>total</i>	<input type="text"/> years					
<i>of which experience in the undertaking or the same group as the requested position.</i>		<input type="text"/> years	747			

<b>Experience in the requested position</b> or in connection with it  If none, tick this box : <input type="checkbox"/>		748	*
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<b>Other information</b> allowing an assessment of the skills in the requested position		749
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Please complete the following fields according to the function(s) requested by this file.

Section 4.1. applies to any member of a Board of Directors, Supervisory Board or equivalent. It applies in particular to an "administrateur-délégué", in addition to section 4.2.

Section 4.2 applies to any person who requests one of the following functions: "administrateur-délégué", licensed manager ("Dirigeant agréé") (or "dirigeant délégué" of a reinsurance undertaking or a pension fund), member of an executive committee, general representative of a branch.

#### 4.1 Additional information to request the position of a "member of the Board of Directors "

##### Skills provided to the Board of Directors (multiple answers are possible)

*Note: the areas of skills listed below are a minimum that each board should cover, but do not prejudice the need to have other areas of expertise in view of the activity and concrete functioning of the undertaking*

		Description (optional) :	
<i>Insurance / financial markets</i>	761		762
<i>Strategy and business model</i>	763		764
<i>System of Governance</i>	765		766
<i>Financial or accounting analysis</i>	767		768
<i>Actuarial analysis and quantitative risks</i>	769		770
<i>Regulatory framework and requirements</i>	771		772
<i>Other (please specify)</i>	773		774

Specialised committees of the Board of Directors of which the applicant is a member or is expected to become one

775

**4.2 Additional information to apply for a position as a executive manager or member of the management committee of an insurance or reinsurance undertaking with a workforce of 5 or more persons**

Have you ever taken an aptitude test for the professional knowledge for a licensed manager ("dirigeant agréé") in Luxembourg? 780

Experience in corporate management and team management									
Position held		Directed entity		Number of subordinates		Period (start and end dates)		Reason for termination	
	781		782		783		784		785
	791		792		793		794		795
	801		802		803		804		805
	811		812		813		814		815

### 4.3 Additional information to request the position of a key function holder defined by Solvency II

Valid professional affiliation indicate the 1st year of membership and, if applicable, the type of membership or qualification (e. g. ILAC Certified Actuary)				
Country	Professional organisation	Year	Affiliation / qualification	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relevant experience in relation to the undertaking where the position is requested.				<input type="text"/>

I, the undersigned    
 declare the information provided in this document to be true and accurate.

The undersigned acknowledges and accepts that if this document is inaccurate, its good reputé, as defined in Article 32 of the amended Law of 7 December 2015 on the insurance sector, shall be compromised.

Date of signature	<input type="text"/>	900 *
Signature	<input type="text"/>	901 *



# Documents to be submitted

Documents to be submitted	Requested function			Possible exemption	Document submitted with the file and, if not, justification from the applicant
	Board member including representative of a director who is a legal entity	Licensed manager in an undertaking or general manager in a branch	Key function holder (Solvency II or IORP II), person responsible for the AML/CFT, or responsible for distribution (IDD)		
This notification form, signed	required	required	required	-	
Copy of an identity document, currently valid	required	required	required	A copy of the ID has already been submitted to the CAA in a previous notification and is still valid at the time	
Minutes of the statutory body appointing the person to the requested function	required	required	required	A draft of the minutes is admitted temporarily to meet the notification deadlines, pending the copy of the signed document.	
Description of the powers delegated by the statutory body to the licensed manager or to each of the licensed managers, if any	not required	required for a licensed manager	not required	Not required for a delegated manager in a reinsurance undertaking or for a general manager in a branch.	
Certificate of residence or, failing that, other proof of residence	not required	required for a licensed manager	not required	Not required for a delegated manager in a reinsurance undertaking or for a general manager in a branch, unless	
Commitment by the candidate that he/she does not and will not assume any other duties, whether salaried or not, which would either be incompatible with the principal function of director of the insurance undertaking or would not leave him/her sufficient time to deal effectively with the daily management of the undertaking	not required	required for a licensed manager	not required	Not required for a delegated manager in a reinsurance undertaking or for a general manager in a branch.	
Delegation of powers to the general manager of the branch	not required	required for a general manager	not required	Not required for a licensed manager or for a delegated manager in a reinsurance undertaking.	
Analysis of potential conflicts of interest between the responsibility for distribution and any other activity, both professional and private	not required	optional	required for the responsible for distribution	For a function holder other than the responsible for distribution, this analysis may be requested by the CAA on a case-by-case basis.	

Extract from the criminal record less than 3 months old issued by the authorities of the country of residence

required

required

required

An extract from the criminal record has already been submitted previously to the CAA and has been issued less than 3 months before the date of this notification.

Extract from the criminal record less than 3 months old issued by the authorities of the country of predominant residence over the last 5 years if different from the previous extract

required

required

required

The current country of residence is also the predominant country of residence over the last 5 years.

- a sworn statement on the question whether the person has not previously been declared bankrupt  
- or, in states where such a statement is not provided, a solemn declaration whether the person has not previously been declared bankrupt - made before a competent judicial or administrative authority or a notary of the state of origin or provenance of the citizen

not required

required

required for Key function holders (Solvency II or IORP II)

Not required for the persons responsible for the AML/CFT ("Responsible du Respect" and Compliance Officer) and for the responsible for distribution (IDD).

Updated and dated curriculum vitae, detailing places, dates, exact denominations

required

required

required

-

Certification(s) and diploma(s) obtained

optional

required

required

Documents have already been submitted to the CAA in a previous notification.

Certificate(s) of continuous training(s)

optional

optional

optional

Furthermore, diplomas are not required for the person responsible for compliance with professional AML/CFT obligations ("Responsible du Respect").

Certificate(s) of professional affiliation(s)

optional

optional

optional