

**Application for approval or for notification of a natural person as  
an agent, as a licensed manager ("Dirigeant agréé")  
or as a member of the board of directors\* of an insurance agency**

Activity type :

Requested function :

Has the person already been notified/approved by the CAA?

Has the person already been notified/approved  
by another supervisory authority?

If so, which other supervisory authority  
was the person last notified to/approved by?

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 [gouvernanceIDD@caa.lu](mailto:gouvernanceIDD@caa.lu)  
with all the supporting documents required in the relevant sections  
(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 repute and competence).

Section 1 : to be systematically filled in

1. Identification of the natural person

Section 2 : to be systematically filled in

2. Requested function

Section 3 : to be systematically filled in

3. Declaration of honour

Section 4 : to be systematically filled in

4. Competence

\* For the purposes of this form, the term "member of the board of directors" means any member of a statutory management body, i.e., but not limited to, any director, manager or member of the board of managers, member of the management board and of the supervisory board, member of the management committee, as well as any permanent representative of a legal person exercising these functions

### **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 repute 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 - 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.

Mandatory document to be attached :      Copy of a valid identity document

**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 Please indicate the same country only once.		114 *
		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 repute, 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 shall be completed electronically, then entirely printed and signed.  
The information shall be updated with each new notification or request for approval.  
Mandatory information is indicated by an asterisk (\*) on the right.  
The drop-down lists are indicated by a grey background.

**1a. Identification of the insurance undertaking or undertakings for which the activity of insurance agent is requested**

Insurance undertaking		Operating mode	
	200		201
	202		203
	204		205
	206		207
	208		209
	210		211

**1b. Identification of the insurance agency in which the insurance agent activity is notified**

Insurance agency		Operating mode	
	212		213

**1c. Identification of the insurance agency in which an executive or director position is carried out**

Insurance agency		Operating mode of activity	
	214		215

**2. Conflicts of interest**

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 : <input type="checkbox"/>	216
	217

**3. Other activities carried out by the undersigned natural person**

Professional functions other than those of an insurance intermediary carried out within the group which the insurance undertaking for which the approval as an agent is requested is part of

If none, tick this box :  218

Undertaking	Function

Professional functions outside the group which the insurance undertaking for which the approval as an agent is requested is part of

If none, tick this box :  229

Legal entity	Function

Other professional activities

If none, tick this box :  240

All direct and indirect holdings of the undersigned ( $\geq 10\%$ ) in a legal entity : please specify each time the total rate of the holding and the supervisory authority in case of a Public Interest Entity (PIE)

If none, tick this box :  242

Legal entity	Rate of the holding (direct and indirect)	Supervisory authority

Close links (in particular of an economic, financial, contractual or family nature if there is a common patrimonial interest) with other directors or managers of the undertaking, and with investors or shareholders of the undertaking (holding  $\geq 10\%$ )

If none, tick this box :  258

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 Law of 7 December 2015 on the insurance sector, as amended, would be compromised.

Date of signature  260 \*

Signature  261 \*

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.

Mandatory document(s) to be attached unless  
CAA already has these documents from another  
request and which are less than 3 months old

Criminal record extract less than 3 months old after the date of  
issue by the authorities of the country of residence

and

Criminal record extract less than 3 months old after the date of  
issue by the authorities of the country of predominant residence  
during the last 10 years if different from the previous extract

and

For persons applying for an executive function subject to a licence,  
a key function or for the Anti-Money Laundering function subject to a license  
and if the declaration of honour is not made before a competent judicial  
or administrative authority or before a notary:

- 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 - made before a competent judicial or administrative authority  
or a notary of the state of origin or provenance of the citizen, on the  
question whether the person has not previously been declared bankrupt.

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.

<input type="text"/>	508
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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	<input type="text"/>	509 *
Date of signature	<input type="text"/>	510 *
Signature	<input type="text"/>	511 *

Section 4  
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**Competence**

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

Mandatory documents to be attached :  
*(unless the documents have already been  
provided in a previous notification)*

Copy(s) of obtained certification(s) and diploma(s)  
Certificate(s) of additional continuous training(s)  
Certificate(s) of approval or registration in a foreign register of intermediaries  
Certificate(s) of employment in the insurance sector

**4.0. General information (to be provided for the first approval as an agent in the classes of insurance requested if an exemption from examination is requested as well as for all the other functions covered by this form)**

<b>Type of the main training</b>						601	*				
<b>Diploma obtained from this training</b>						602	*				
<b>Academic background, starting with the most recent ones</b>								*			
<b>Country</b>		<b>Name of establishment</b>		<b>Name of training</b>		<b>Duration (years)</b>	<b>Diploma obtained</b>	<b>Year of graduation</b>			
	611		612		613		614		615		616
	621		622		623		624		625		626
	631		632		633		634		635		636
	641		642		643		644		645		646
<b>Professional or additional continuous trainings</b> indicating the most relevant for the requested function								*			
If none, tick this box :											620
<b>Country</b>		<b>Name of establishment</b>		<b>Name of training</b>		<b>Beginning Year</b>	<b>Duration (hours)</b>		<b>End year</b>		
	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 function</b>								*			
If none, tick this box :											630
<b>Country</b>		<b>Organisation that issued the certification or diploma</b>				<b>Certification or diploma obtained</b>			<b>Year</b>		
	691					692		693		694	
	701					702		703		704	
	711					712		713		714	
	721					722		723		724	

Professional experience as an insurance intermediary			
			If none, tick this box : <input type="checkbox"/> 730
Country	Name of the undertaking on whose behalf the intermediary activities were carried out	Type of intermediary	Duration in months
<input type="text"/> 731	<input type="text"/> 732	<input type="text"/> 733	<input type="text"/> 734
<input type="text"/> 741	<input type="text"/> 742	<input type="text"/> 743	<input type="text"/> 744
<input type="text"/> 751	<input type="text"/> 752	<input type="text"/> 753	<input type="text"/> 754
<input type="text"/> 761	<input type="text"/> 762	<input type="text"/> 763	<input type="text"/> 764

Professional experience other than insurance intermediation			
			If none, tick this box : <input type="checkbox"/> 770
	Duration	Main function	
<i>insurance sector</i>	<input type="text"/> years 771	<input type="text"/> 772	
<i>financial sector</i>	<input type="text"/> years 773	<input type="text"/> 774	
<i>other sectors</i>	<input type="text"/> years 775	<input type="text"/> 776	
<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 777		

<b>Other information</b> allowing an assessment of the skills in the requested position	<input type="text"/>	778
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**4.1 Additional information for notification of a position as a member of the management committee of an insurance agency with a staff of 5 or more persons dedicated to intermediation activities**

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
	791		792		793
	801		802		803
	811		812		813

**4.2 Information to be provided in the event of a transfer of an insurance agent or a resumption of activity following a renunciation of the agent or sub-broker licence**

If approval is requested within six months of the renunciation of an agent's license with one or more other insurance undertakings or of an approval as a sub-broker, was the applicant up to date with his or her continuous training obligations as of December 31 of the year preceding this application?  820

If the answer to the previous question is negative or if an activity is resumed more than six months after the renunciation of a previous approval, did the concerned person participate in refresher training in accordance with the CAA's minimum requirements?  821

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 Law of 7 December 2015 on the insurance sector, as amended, would be compromised.

Date of signature		830 *
Signature		831 *