

**Registration of a natural person
as an insurance intermediary
on an ancillary basis**

Activity type :	<input style="width: 100%;" type="text"/>
Has the person already been notified/approved by the CAA?	<input style="width: 100%;" type="text"/>
Has the person already been notified/approved by another supervisory authority?	<input style="width: 100%;" type="text"/>
If so, which other supervisory authority was the person last notified to/approved by?	<input style="width: 100%;" 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 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
or 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).

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|--|---|
| Section 1 : to be systematically filled in | 1. Identification of the natural person |
| Section 2 : to be systematically filled in | 2. Activities of the applicant |
| 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 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

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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Activities of the applicant

The entire section is to be completed electronically, then to be 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.

Mandatory document to be attached : Coverage of civil liability for the intermediary
activity with corresponding supporting documents

**1. Applicant's main professional activity
for approval as an insurance intermediary on an ancillary basis**

Main professional activity		301 *
Adress of the professional activity		
Street and number		302
Zip Code		303
Locality		304

2. Insurance undertakings on whose behalf the insurance business is conducted

Name of the insurance undertaking		Head office country	
	305		306
	307		308
	309		310
	311		312
	313		314
	315		316
	317		318

3. Types of insurance products

Type of insurance product		Product or service for which insurance is a complement	
	319		320
	321		322
	323		324
	325		326
	327		328

4. Declaration of honour

The undersigned hereby declares

not marketing any insurance product from an undertaking other than those listed under 2)

329

not marketing any insurance products other than those listed in 3)

330

to the extent that life insurance or civil liability products is sold, the cover constitutes a complement to a product or service provided in the context of its main activity and that the limits set out in Article 281-1 are not exceeded

331

The undersigned declares the information provided in this document to be true and accurate.

By signing this document, 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 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	<input type="text"/>	332 *
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Signature	<input type="text"/>	333 *
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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 of the intermediary

The entire section is to 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 document to be attached :
(at each notification or application to the CAA)

Updated and detailed curriculum vitae :
exact places, dates and names

Other 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 filled in systematically)

Type of the main training		601 *
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Diploma obtained from this training		602 *
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Academic background, starting with the most recent ones *

Country	Name of the 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

Professional or additional continuous training *

indicating the most relevant for the requested function

If none, tick this box : 650

Country	Name of the 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

Other certifications or diplomas obtained in connection with the requested function *

If none, tick this box : 690

Country	Organisation that issued the certification or diploma	Certification or diploma obtained	Year
691	692	693	694
701	702	703	704
711	712	713	714
721	722	723	724

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

Professional experience outside 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	<input type="text"/> 773	<input type="text"/> 774
<i>financial sector</i>	<input type="text"/> years 773	<input type="text"/> 774	<input type="text"/> 775	<input type="text"/> 775
<i>other sectors</i>	<input type="text"/> years 775	<input type="text"/> 775	<input type="text"/> 776	<input type="text"/> 776
<i>total</i>	<input type="text"/> years 777	<input type="text"/> 777	<input type="text"/> 778	<input type="text"/> 778
<i>of which experience in the undertaking or the same group as the requested position.</i>	<input type="text"/> years 777	<input type="text"/> 777	<input type="text"/> 778	<input type="text"/> 778

Other information allowing an assessment of the skills in the requested position	<input type="text"/>	778
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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 Law of 7 December 2015 on the insurance sector, as amended, would be compromised.

Date of signature	<input type="text"/>	830 *
Signature	<input type="text"/>	831 *