**FFFS 2018:15** *Appendix 1c*

# Application/Notification for Senior Executives in Owner Company of an Insurance Company

Fill in the information in the form below by checking the relevant box, or providing your response in the space provided. Certain more detailed information may, however, be provided in separate attachments. See the Appendix Checklist on the last page of the form.

*Target company* refers to the undertaking applying for authorisation to conduct insurance business pursuant to Chapter 2, section 1 of the Insurance Business Act, or the undertaking that is the object of the acquisition.

As a part of the assessment, Finansinspektionen collects information from e.g. the Swedish Police, the Swedish Companies Registration Office, the Swedish Tax Agency, the Swedish Enforcement Authority, and undertakings that provide credit assessments.

## 1 General

### 1.1 Basic information

1. Name of the target company (including corporate identity number)

Click here to enter text.

2. State the owner undertaking in which you are to be assessed as a board member, managing director or deputy managing director (including corporate identity number)

Click here to enter text.

3. Is the owner undertaking the owner of other undertakings under Finansinspektionen’s supervision?

[ ]  Yes [ ]  No

If yes, which undertaking(s) (including corporate identity number)?

Click here to enter text.

### 1.2 Contact details

Whom should Finansinspektionen contact about this assessment?

|  |  |
| --- | --- |
| First name: | Click here to enter text. |
| Last name: | Click here to enter text. |
| Title: | Click here to enter text. |
| Name of the undertaking: | Click here to enter text. |
| Address: | Click here to enter text. |
| Telephone number: | Click here to enter text. |
| Email: | Click here to enter text. |

### 1.3 Position or role

Which position or role in the owner undertaking will be assessed?

[ ]  chair of the board

[ ]  board member

[ ]  alternate board member

[ ]  managing director

[ ]  deputy managing director

Does the assessment refer to an employee representative?

[ ]  Yes [ ]  No

## 2 Information

### 2.1 Personal information

*If you are registered in Sweden – fill in the following information*

|  |  |
| --- | --- |
| First name: | Click here to enter text. |
| Last name: | Click here to enter text. |
| Personal ID number: | Click here to enter text. |
| Home address: | Click here to enter text. |
| Telephone number:  | Click here to enter text. |

*If you are not registered in Sweden – fill in the following information and append a certified copy of an identity document*

|  |  |
| --- | --- |
| First name: | Click here to enter text. |
| Last name: | Click here to enter text. |
| Personal ID number or equivalent: | Click here to enter text. |
| Date of birth: | Click here to enter text. |
| Place of birth:  | Click here to enter text. |
| Home address: | Click here to enter text. |
| Telephone number: | Click here to enter text. |
| Nationality: | Click here to enter text. |
| Previous nationalities (if any): | Click here to enter text. |
| Previous name (if any): | Click here to enter text. |

### 2.2 CV

Append a CV that contains relevant information about your education, professional experience and other assignments. In terms of education, state the type of education (e.g. university, course provider), field of education (e.g. financial analysis), period of time, scope and educational institution. In terms of professional experience, specify the undertaking, its business, your position, work duties and period of time.

### 2.3 Reputation of senior executives

1. Have you

a) in the past ten years been convicted by a Swedish or foreign court, or formally been charged as a suspect in an ongoing investigation, for a financial crime in respect of which imprisonment is included in the range of penalties?

[ ]  Yes [ ]  No

b) during the past ten years been sentenced to imprisonment by a Swedish or foreign court for a crime other than that specified in 1 a?

[ ]  Yes [ ]  No

c) in the past five years been a board member or managing director or deputy managing director of a commercial undertaking in which the board of directors was not discharged from liability?

[ ]  Yes [ ]  No

d) in the past five years been dismissed from employment at a financial undertaking or as a senior executive or from an assignment as a board member or auditor in another commercial undertaking?

[ ]  Yes [ ]  No

2. To the best of your knowledge, have you or any undertaking in which you are or have been a senior executive or a board member or have or have had control:

a) in the past five years been (or still are) party to arbitration proceedings or civil or management proceedings concerning tax or business?

[ ]  Yes [ ]  No

b) in the past five years been (or still are/is) subject to a debt restructuring, composition or company reconstruction or entered into bankruptcy or an equivalent process in another country?

[ ]  Yes [ ]  No

c) been the subject of an intervention (for example an administrative fine, injunction to take action, remark, warning or withdrawal of authorisation) by a supervisory authority in Sweden or in another country?

[ ]  Yes [ ]  No

d) in the past ten years, either in Sweden or in another country, had an application rejected, been excluded from conducting business or in another way had limitations placed on your right to conduct business or a profession that requires a licence, registration or the equivalent?

[ ]  Yes [ ]  No

e) in the past ten years been the subject of a fit and proper assessment by a foreign competent supervisory authority?

[ ]  Yes [ ]  No

If yes, append a copy of the decision of the foreign authority.

3. If you have answered yes to any of the questions under 1 and 2, please explain the circumstances.

|  |
| --- |
| Click here to enter text. |

# 3 Additional information

Provide any additional information to Finansinspektionen below.

|  |
| --- |
| Click here to enter text. |

The undersigned hereby certifies that the information provided in this application is correct and complete.

Date:

|  |
| --- |
| Click here to enter text. |

………………..…………………………………………………..…………..

Signature

Name in print

|  |
| --- |
| Click here to enter text. |

# Checklist – documents that must be appended to an application for ownership suitability assessment for legal persons

|  |  |  |
| --- | --- | --- |
| **The following documents shall be appended** | **Appended** | **If not appended, explain** |
| If you are not registered in Sweden: a certified copy of an identity document in accordance with section 2.1. |[ ]  Click here to enter text. |
| A CV as set out in section 2.2. |[ ]  Click here to enter text. |