

**Application Form for Insurance Business Licence      Date:**

**Addressee: competent authority      Reference number:**

**Subject: Please find attached the following documents submitted in six identical copies collated into two packages, for application for insurance business licence according to the provisions of Article 137 of the Insurance Act and Article 11 of the Regulations Governing Establishment and Business Operations of Insurance Companies.**

<b>Company name</b>	
<b>Business scope</b>	
<b>Registered address of the Company</b>	
<b>Addresses of the branch offices</b>	Please go to the next page (and fill the information therein).
<b>Paid-in capital</b>	
<b>Number of ordinary shares issued</b>	
<b>Offering price of each share</b>	
<b>Date and reference number of the establishment approval issued by the competent authority</b>	
<b>Application date</b>	

<b>Appendices</b>	<ol style="list-style-type: none"> <li>1. Company registration certificate;</li> <li>2. Capital verification certificate;</li> <li>3. Certificate proving that such deposit as is provided in Article 141 of the Insurance Act has been paid;</li> <li>4. Articles of Incorporation;</li> <li>5. Initiators' meeting minutes or foundation meeting minutes;</li> <li>6. Roster of shareholders;</li> <li>7. Roster of directors and meeting minutes of the board of directors;</li> <li>8. Roster of executive directors and meeting minutes of the board of executive directors;</li> <li>9. Roster of supervisors and supervisors' reports or meeting minutes;</li> <li>10. Rosters of managers, actuaries, underwriters, adjusters, auditor general, and chief compliance controller;</li> <li>11. Articles of Incorporation and operation procedures;</li> <li>12. Initiators' statement that no such circumstances as are set forth in Paragraph 1 of Article 3 of the Regulations Governing Qualification Requirements for Responsible Persons of Insurance Companies exist;</li> <li>13. If a shareholder has subscribed for more than 15% of the shares issued, the form for Explanation of Source of Funds.</li> </ol>
<p><b>Applying company:</b>  <b>Representative:</b>  <b>Contact person:</b>  <b>Address:</b>  <b>Telephone:</b></p>	

<p>Addresses of the branch offices</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>
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**Application Form 2A-1 Roster of directors of the Insurance Company –  
Natural-Person Directors (Name of the Insurance Company:                    )**

<b>Director</b>	<b>Uniform ID card number</b>	<b>Birthday</b>	<b>Domicile address</b>	<b>Telephone</b>	<b>Highest degree of education</b>	<b>Principal experience</b>	<b>Number of shares subscribed</b>	<b>Percentage of shares subscribed (%)</b>

**Notes:**

- 1. This form is applicable to natural-person directors.**
- 2. Please attach the photocopies of the ID cards, passports or other identity certificates and the education and experience certificates for the directors hereto.**

**Application Form 2A-2 Roster of Supervisors of the Insurance Company –  
Natural-Person Supervisors (Name of the Insurance Company: \_\_\_\_\_ )**

<b>Supervisor</b>	<b>Uniform ID card number</b>	<b>Birthday</b>	<b>Domicile address</b>	<b>Telephone</b>	<b>Highest degree of education</b>	<b>Principal experience</b>	<b>Number of shares subscribed</b>	<b>Percentage of shares subscribed (%)</b>

**Notes:**

- 1. This form is applicable to natural-person supervisors.**
- 2. Please attach the photocopies of the ID cards, passports or other identity certificates and the education and experience certificates for the supervisors hereto.**



**Application Form 2A-4 Roster of Actuaries of the Insurance Company**  
(Name of the Insurance Company:                    )

<b>Actuary</b>	<b>Uniform ID card number</b>	<b>Birthday</b>	<b>Domicile address</b>	<b>Telephone</b>	<b>Highest degree of education</b>	<b>Principal experience</b>

**Note: Please attach the photocopies of the ID cards, passports or other identity certificates and the education and experience certificates for the actuaries hereto.**

**Application Form 2A-5 Roster of Underwriters of the Insurance Company**  
(Name of the Insurance Company:                    )

<b>Underwriter</b>	<b>Uniform ID card number</b>	<b>Birthday</b>	<b>Domicile address</b>	<b>Telephone</b>	<b>Highest degree of education</b>	<b>Principal experience</b>

**Note: Please attach the photocopies of the ID cards, passports or other identity certificates and the education and experience certificates for the underwriters hereto.**







**Application Form 2A-2 Roster of Supervisors of the Insurance Company –  
Corporate Supervisors (Name of the Insurance Company:                    )**

<b>Supervisor</b>	<b>uniform business registration number</b>	<b>Incorporation date</b>	<b>Registered address</b>	<b>Telephone</b>	<b>Name of the company representative</b>	<b>Number of shares subscribed</b>	<b>Percentage of shares subscribed (%)</b>

**Notes:**

- 1. This form is applicable to corporate supervisors or corporate shareholders which designate their representatives as supervisors of the insurance company.**
- 2. Please attach the photocopies of the ID cards, passports or other identity certificates and the education and experience certificates for the supervisors hereto.**

**Application Form 3A Letter of Statement (applicable to natural persons)**

To: Financial Supervisory Commission, Executive Yuan

I, \_\_\_\_\_, initiator/director/supervisor/manger of Insurance Company, hereby declare that I have absolutely no such circumstances as are set forth under Paragraph 1 of Article 3 of the Regulations Governing Qualification Requirements for Responsible Persons of Insurance Companies, and will accept the legal consequences arising from any false statement contained herein.

Declarer: \_\_\_\_\_ (Signature/seal)  
Birthday: \_\_\_\_\_  
Uniform ID card number: \_\_\_\_\_  
Date: \_\_\_\_\_

**Application Form 3B Letter of Statement (applicable to corporations)**

To: Financial Supervisory Commission, Executive Yuan

I, \_\_\_\_\_, initiator/director/supervisor of \_\_\_\_\_ Insurance Company, hereby declare that the representative of the Company or the person designated to act on behalf thereof has absolutely no such circumstances as are set forth under Paragraph 1 of Article 3 of the Regulations Governing Qualification Requirements for Responsible Persons of Insurance Companies, and I will accept the legal consequences arising from any false statement contained herein.

Corporation:

(Signature/seal)

Uniform registration number:

Responsible person:

Person designated to act on behalf:

Representative:

Uniform ID card number:

Date:

**Application Form 4 Explanation of Source of Funds (Name of the Insurance Company: \_\_\_\_\_ )**

**I. Basic information**

Name: \_\_\_\_\_ Uniform ID card number: \_\_\_\_\_

Expected number of shares held: \_\_\_\_\_,000

shares Expected percentage of shares held: \_\_\_\_\_ %

Are the shares subscribed on behalf of another person? No. Yes. (Please fill in the name of the actual subscriber.)

**II. Source of funds borrowed**

Source of funds	<input type="checkbox"/> Own funds, amount: _____	<input type="checkbox"/> Funds borrowed
Lender's name		
Amount borrowed		
Borrowing period		
Securities		
Guarantor(s):		
Other conditions agreed upon		

- Notes: 1. Please list all the lenders in sequence.  
 2. Where there is not enough space in form, please copy this form for fill-in of the remaining information.

**III. List of the actual subscribers**

Name of (natural-person or corporate) subscriber	Uniform ID card number or uniform business registration number	Nationality:	Birthday or incorporation date	Expected number of shares held	Correspondence address

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Note: Where there is not enough space in form, please copy this form for fill-in of the remaining information.

subscriber's signature/seal: