Application Form for Establishment of a Branch in Mainland China by a Taiwan Insurer

Addressee: Insurance Bureau, Financial Supervisory Commission, Executive Yuan

Subject: Please find attached the following documents submitted in triplicate according to the provisions of Article 14 of the Regulations Governing Approval for Insurance Companies to Engage in Insurance Activities between Taiwan Region and Mainland China for approval for establishment of

□ a representative office

□ a representative office□ a branch office in Mainland China.□ a subsidiary

	1. Proposed name:		
Branch to be	2. Proposed address for the office:		
established in Mainland	3. Proposed responsible person or representative:		
China	4.	Proposed capital and subscribed capital: (filled in for the subsidiary only)	
		Proposed operating capital: (filled in for the branch office only)	

Documents for submission	1. Board minutes;					
	2. Financial statements audited by certified public accountants for the past thre					
	years;					
	3. Feasibility study report					
	4. Business proposal;					
	5. Business risk assessment, cost benefit analysis, and concrete risk control					
	plan;					
	6. Stage-by-stage analysis of possible injection of capital or subscribed capital					
	in the future;					
	7. Internal control and audit system and regulations on operation management					
	and performance assessment;					
	8. Report on the capital adequacy of the insurer;					
	9. Certificates certifying compliance with the provisions of Paragraph 1 of					
	Article 16 of the Regulations Governing Approval for					
	Insurance Companies to Engage in Insurance Activities between Taiwan Region and Mainland China; 10. Qualification certificates for the proposed responsible person; and					
				11. Other documents required by the competent authorities.		
				(note: where the insurer applies to establish a representative office in		
	Mainland China, the documents mentioned in Paragraphs 3 to 9 herein are not					
	required.)					
	Applicant:	Insurance Company (signature/seal)				
	Responsible	person: (Signature or seal)				
Contact person	on: Telephone: Fax:					
Correspondence address:						
Application of	date:					