

**AFFIDAVIT IN SUPPORT OF APPLICATION FOR INSURANCE LICENSE**

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I, \_\_\_\_\_ of \_\_\_\_\_  
[Full Name] [Residential Address]

Please provide verification of your residential address; The Turks & Caicos Islands Financial Services Commission (FSC) has stated it is required and it will accept one of the following forms as verification. The form must be in the Affiant's name and dated within the last three months:

- |  |  |
|--|--|
| <input type="checkbox"/> Utility Bill                          | <input type="checkbox"/> Bank/Financial Institution correspondence |
| <input type="checkbox"/> Correspondence from Government Agency | <input type="checkbox"/> Insurance Policy                          |
| <input type="checkbox"/> Lease/Tenancy Agreement (unexpired)   | <input type="checkbox"/> Property Sale/Purchase Agreement          |

**HEREBY MAKE OATH** and say as follows:

1. My full name is \_\_\_\_\_
2. My date of birth is \_\_\_\_\_
3. City/State/Country of birth \_\_\_\_\_
4. My nationality is \_\_\_\_\_
5. Former Name(s), including alias(es) and maiden name \_\_\_\_\_
6. My Passport/Driver's License identification document refers to me as \_\_\_\_\_  
\_\_\_\_\_ . *A color copy of my Passport/Driver's license is attached.*  
[Full Name as shown on Document]

7. Are you the beneficial owner, director or officer in any other company regulated and/or supervised by the FSC?  Yes  No  
*If yes, please provide details, including the name of the company*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you the beneficial owner, director or officer in any other insurance company regulated and/or supervised by any other jurisdiction?  Yes  No  
*If yes, please provide details* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been refused registration or licensing in any jurisdiction?  Yes  No  
*If yes, please provide details* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Have you ever been licensed to carry on financial services business in any other jurisdiction?  Yes  No  
*If yes, please provide details* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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11. Have you ever been employed in, or had an interest in a gambling activity in any county?  Yes  
*If yes, please provide details* \_\_\_\_\_  No  
\_\_\_\_\_  
\_\_\_\_\_
12. Have you at any time been:  Yes  
a. convicted of any criminal offence,  No  
b. been subject of a bankruptcy petition,  
c. found liable for fraud of dishonest conduct in a civil suit or  
d. the subject of regulatory enforcement action in any jurisdiction?  
*If yes, please provide details of the charges and a copy of an official court docket or disposition reflecting the status of the case.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Are you a Politically Exposed Person (PEP)? (i.e. individuals that have been entrusted with prominent Public functions, including heads of state or government, senior politicians or civil servants, judicial or military officials, senior executives of publicly owned corporations and important political party officials that are at risk of abusing their public powers for their own personal enrichment, from plunder, bribery, corruption, etc. or are the spouse, civil partner, parent, child, grandparent, grandchild or sibling of such a person)\*  Yes  
*If yes, please provide details (add a separate sheet if necessary)* \_\_\_\_\_  No  
\_\_\_\_\_  
\_\_\_\_\_

I hereby swear under penalty of perjury that all particulars contained in this affidavit and in the documents accompanying it or otherwise furnished in support hereof are true and correct.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
[Printed on Document]

State of \_\_\_\_\_

County of \_\_\_\_\_

The above named \_\_\_\_\_ personally appeared before me being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

[Notary Public Seal]

\_\_\_\_\_  
Notary Signature

My Commission Expires: \_\_\_\_\_

\*Note that a close associate of the office holder would also be deemed to be a PEP.