

Annex D: IAIS MMoU Request Sheet

This request is being made under the IAIS MMoU on Cooperation and Information Exchange.

I. Signatory Authorities involved (Art. 7 of the MMoU):

1. Point of Contact of the Requested Authority:
Name:
Telephone and Fax numbers:
E-mail address:

2. Point of Contact of the Requesting Authority:
Name:
Telephone and Fax numbers:
E-mail address:

II. Issue concerned (Art. 3 (1) to (4) of the MMoU):

1. Information is requested concerning the supervision of a(n)

- Insurer
- Reinsurer
- Insurance or reinsurance group
- Insurance intermediary
- Other, please specify:

2. Information is based on a valid purpose according to Art. 5 (1) of the MMoU and relates to

- Licensing
- Fit and proper criteria
- Ongoing supervision, including auditing matters
- Winding up, liquidation or bankruptcy
- Anti money laundering (AML) or combating the financing of terrorism (CFT)
- Supervisory practices
- Other, please specify:

3. Please provide sufficient and detailed information to enable the Requested Authority to verify your responsibility and your legitimate interest in the information requested.

4. Criminal proceedings have been initiated: Yes No
If yes, please specify:
5. Priority of the issue: Normal Urgent

III. Details of request (Art. 6 of the MMoU)

1. Name of Regulated Entity on which information is requested:

Person or Entity :

Name: _____
Address: _____
Postal Code: _____
Town: _____
Jurisdiction : _____

2. Specific description of the kind of information needed or assistance sought, including sources of information that could be explored:

3. Brief description of relevant facts underlying the request including statement regarding suspected violation of Applicable Law where relevant:

4. The Requested Authority shall confirm or verify the facts provided:

- a. Confirmation: Yes No
b. Verification: Yes No

c. If yes, please provide further details:

5. Dates of previous requests on this matter:

IV. Passing on of information (Art. 4 (4), Art. 5 MMoU and Annex B)

The Requesting Authority hereby confirms that confidential information is treated in compliance with the MMoU and with Annex B.

1. If the information is likely to be passed on, please name the body concerned and give the reasons for the potential passing on of the information:

2. In case information is likely to be passed on:

a. Please name the purposes for which the information will be used:

- Licensing
- Fit and proper matters
- Ongoing supervision, including auditing matters
- Winding up, liquidation and bankruptcy
- Criminal and regulatory proceedings
- The administration of (compulsory) guarantee funds
- Official reporting
- Other purpose, please specify:

b. Please provide additional information regarding the potential use for the requested information that might be useful to the Requested Authority in evaluating the request for information: