

AFFIDAVIT IN SUPPORT OF APPLICATION FOR INSURANCE LICENSE

I, _____ of _____
[Full Name] [Residential Address]

HEREBY MAKE OATH and say as follows:

1. My full name is _____.
2. My date of birth is _____.
3. My Passport/Driver's License identification document refers to me as _____.
[Full Name on Document]. A copy of my Passport/Driver's license is attached.

4. Are you the beneficial owner, director or officer in any other company regulated and/or supervised by the Turks & Caicos Islands Financial Services Commission? Yes
 No

If yes, please provide details, including the name of the company

5. Are you the beneficial owner, director or officer in any other financial services company regulated in another jurisdiction? Yes
 No

If yes, please provide details _____

6. Have you at any time been:
a. convicted of any criminal offence, Yes
b. found liable for fraud or dishonest conduct in a civil suit or No
c. the subject of regulatory enforcement action in any jurisdiction?

If yes, please provide details _____

7. Have you ever been refused registration or licensing in any jurisdiction? Yes
 No

If yes, please provide details _____

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8. Have you ever been licensed to carry on financial services business in any other jurisdiction? Yes

No

If yes, please provide details _____

9. 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

No

If yes, please provide details (add a separate sheet if necessary) _____

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]

My Commission Expires: _____

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