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| **NOTIFICATION FORM IF004**  **NOTIFICATION OF BECOMING PART OF A GROUP OF COMPANIES** |

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| **Purpose of this document**  This notification form needs to be completed when an insurer becomes part of a group of companies as required in terms of section 9 of the Insurance Act, 2017 (the Act) read with section 1.2 of the Financial Soundness for Insurance Groups Framework (FSG 1). |

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| **Important information to complete this form**  Before completing this form, read the Fact Sheet Application and Notification Forms (Fact Sheet) that is available on the website of the SARB. The Fact Sheet contains important information on consent and declarations required. Please note: this application could include a prescribed fee, in accordance with [Prudential Standard IAF](http://www.resbank.co.za/PrudentialAuthority/Insurers/Post%20Insurance%20Act/Legislation%20and%20Regulatory%20instruments/Prudential%20Standards/Documents/Prudential%20Standard%20IAF.pdf), 2019 with the process for payment found [here](http://www.resbank.co.za/PrudentialAuthority/Insurers/Post%20Insurance%20Act/Legislation%20and%20Regulatory%20instruments/Prudential%20Standards/Documents/Process%20for%20payment%20of%20fees%20prescribed%20in%20terms%20of%20the%20Insurance%20Act.pdf). |

## Company information and reason for notification

* 1. Provide the following details for this notification:

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| **Valuation date of results** | YYYY/MM/DD |

* 1. Provide reason(s) for this notification

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## Other information

* 1. Other information

#### Is there any additional information that is not requested elsewhere in this form, that is relevant for the Prudential Authority to assess this form?

**No** 🡺 Continue to section 3

**Yes** 🡺 Complete question 2.3.2

#### Provide a summary or list of the additional information, including the reasons for providing this additional information and attach to this form.

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## Specific Information

* 1. Information disclosure on group of companies

#### Is the group of companies already approved as an insurance group?

**Yes**

**No**

#### Does the insurer, for any reason, believe it should be supervised only on a solo level?

**Yes** 🡺 Complete question 3.1.3

**No** 🡺 Continue to question 3.1.4

#### Provide reasons why the insurer believes supervision only on a solo level is appropriate.

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#### Section 9 of the Act requires that the Prudential Authority be notified within 30 days of the insurer becoming part of a group of companies. If the date of becoming part of the group of companies as indicated in section 1.1 is more than 30 days ago, provide reasons for the delay in notifying the Prudential Authority.

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#### Was the insurer previously part of another group of companies?

**Yes** 🡺 Complete question 3.1.6

**No** 🡺 Continue to section 4

#### Provide the name of the head of the group.

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## Attachment Checklist

* 1. Compulsory attachments

Complete the following table with details of the attachments provided.

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| A1 | 5 | Consent and Declarations |  |  |

* 1. Other Attachments

Complete the following table with details of the attachments provided, also indicating the number of pages/sheets of each attachment. For example, attachments might be required if there was not sufficient space to include the information in the form itself or if your responses in this form refer to external documents. Add additional rows for each attachment included:

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| e.g. B1 | 2.2 | Contact details of professional advisors | 8 |  |

## Consent and Declarations

To assess the application or notification, the Prudential Authority needs to ensure that the information in the application or notification is accurate and complete, and may be verified and shared with other regulatory authorities. Please see the Fact Sheet on the SARB website for the required consent and declarations that must accompany this form.