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| **APPLICATION FORM IF015**  **APPLICATION FOR APPROVAL TO EXEMPT FIRST PARTY INSURANCE STRUCTURES FOR THE PURPOSES OF CALCULATING THE CONCENTRATION RISK CAPITAL REQUIREMENT** |

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| **Purpose of this document**  This application form needs to be completed when applying for approval to exempt captive insurers for the purpose of calculating the concentration risk capital requirement, where such captive insurers have investments in intra-group asset pooling arrangements or investments in listed and market quoted debt instruments related to the group of the captive insurer, as required in terms of Attachment 5, section F.1 of the Financial Soundness Standards for Insurers Market Risk Capital Requirement (FSI 4.1) made under section 36(6)(a) of the Insurance Act, 2017 (the Act). |

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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). |

## Reason for approval

* 1. Describe the reason for seeking this approval

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## Specific Information

* 1. Information on captive insurer and related entities

#### Provide the name of the parent (holding company) of the captive insurer.

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#### Describe the intra-group pooling arrangements and/or debt instruments that the captive insurer has invested in.

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#### Provide the value of intra-group pooling arrangements and/or debt instruments that the captive insurer has invested in as described in question 2.1.2. In the case of the intra-group pooling arrangements this value should only reflect the value on the balance sheet of the captive insurer, not the total value of the intra-group pooling arrangement across the entire group structure.

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#### Express the value of intra-group pooling arrangements and/or debt instruments that the captive insurer has invested in as described in question 2.1.2, as a percentage of the total assets of the captive insurer.

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#### Provide a description of the liabilities that will be offset against the intra-group pooling arrangements and/or debt instruments that the captive insurer has invested in and why these liabilities can be offset.

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#### Provide the value of the liabilities that will be offset against the intra-group pooling arrangements and/or debt instruments that the captive insurer has invested in.

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#### Provide details to adequately describe the relationship(s) between the captive insurer and other entity/(ies) within the group structure with which the captive insurer has entered into an intra-group pooling arrangement(s) and/or has invested in debt instruments relating to the group.

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#### Attach the actual agreement as evidence that a legally enforceable contractual agreement exists to ensure that the liabilities of the captive insurer will be offset by the intra-group exposures it holds against other entities in the group.

#### Are the debt instruments listed and can the latest quoted market values for these debt instruments be obtained?

**No**

**Yes** 🡺 Complete question 2.1.10

#### Attach evidence that the debt instruments are listed as well as the latest quoted market values for these debt instruments.

* 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 2.2.2

#### 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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## 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** |
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| A4 | 4 | Consent and Declarations |  |  |

* 1. Other Attachments

Complete the following table with details of the attachments provided, also indicating the number of pages 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 |  | 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.