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| **NOTIFICATION FORM IF048**  **NOTIFICATION WHEN THE CURATOR DEEMS IT NECESSARY OR EXPEDIENT THAT APPLICATION BE MADE TO THE COURT FOR THE ACTIONS CONTEMPLATED IN SECTION 54(2)(h) OF THE INSURANCE ACT, 2017** |

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| **Purpose of this document**  This notification form needs to be completed if the curator deems it necessary or expedient to make an application to the court for the actions contemplated in section 54(2)(h) 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. |

## Company information and reason for notification

* 1. Does this notification relate to:

**Insurer**

**Controlling company**

**Microinsurer**

* 1. Provide the following details for this notification:

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| --- | --- |
| **Insurer/Insurance group/Microinsurer number** |  |
| **Insurer/Insurance group/Microinsurer name** |  |
| **Effective date for which notification is requested** | YYYY/MM/DD |

* 1. Provide reason(s) for this notification.

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## Contact and Basic Information

* 1. Contact details of the person(s) responsible for correspondence related to this form

This must be someone who works for the company and not a professional advisor.

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| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **Position** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* 1. Details of professional advisors

#### Have you used third-party professional advisors to help with this form?

**No** 🡺 Continue to section 2.3

**Yes** 🡺 Complete the remainder of this section

#### Provide the name and contact details of the third-party professional advisor(s) used (i.e. the consultants, auditors, actuaries and/or lawyers used in compiling this form). This information should be included in an attachment accompanying this form, e.g.:

|  |  |
| --- | --- |
| **Name of firm** |  |
| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **Position** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* 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 the form.

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## Specific Information

* 1. Scope of the notification form

#### Does this notification relate to (select all boxes that apply):

**An extension of the curator’s powers to any other company (including any holding company or subsidiary) or other related or inter-related person or person associated with the insurer as per section 54(2)(h)(i) of the Act. 🡺**  Complete section 3.2

**The winding-up of the insurer as per section 54(2)(h)(ii) of the Act. 🡺** Complete section 3.3

**Any relief envisaged in the Financial Sector Regulation Act, 2017 against the insurer or any of its key persons as per section 54(2)(h)(iii) of the Act. 🡺** Complete section 3.4

* 1. Notification of an extension of the curator’s powers

#### Provide the reason(s) for applying to the court for an extension of the curator’s powers as described in section 54(2)(h)(i) of the Act.

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#### As evidence, attach details of the application made to the court.

* 1. Notification of the winding-up of the insurer

#### Provide the reason(s) for wanting to wind-up the insurer as described in section 54(2)(h)(ii) of the Act.

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#### As evidence, attach the notice of the motion and all accompanying affidavits and other documents filed in support of the application made to the court as required by section 58(2)(a) of the Act.

* 1. Notification of relief against the insurer or any of its key persons

#### Provide the reason(s) for seeking relief against the insurer or any of its key persons as described in section 54(2)(h)(iii) of the Act.

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#### As evidence, attach details of the application made to the court.

## 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 | Declarations and consent |  | ☐ |

* 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.