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| **APPLICATION FORM IF052**  **APPLICATION FOR APPROVAL FOR ADJUSTMENTS TO THE ASSET SPREADING REQUIREMENTS** |

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| **Purpose of this document**  This application form applies to microinsurers and needs to be completed when applying for approval to invest some of their assets in instruments other than those specified in section 10.5 of the Financial Soundness Standards for Microinsurers Valuation of Assets Liabilities and Eligible Own Funds (FSM 2) or to change the maximum limit invested with any financial institution that can be used for the purpose of determining eligible own funds, as specified in section 10.6 of FSM 2, 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 includes important information including the consent and declarations required. |

## Company information and reason for approval

* 1. Provide the following details for this form:

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| **Microinsurer number** |  |
| **Microinsurer name** |  |
| **Effective date for which approval is requested** | YYYY/MM/DD |

* 1. Provide reason(s) for seeking this approval

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## Contact and Basic Information

* 1. Contact details of the person 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 question 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.:

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| **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 this form.

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## Specific Information

* 1. Specification of the application form

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

**Approval for investment in an instrument other than cash, cash equivalent and investment funds restricted to money market fund** 🡺 Complete section 3.2

**Approval for a change in the maximum limit of assets recognised for the purpose of determining eligible own funds** 🡺 Complete section 3.3

* 1. Approval for investment in other instruments

#### Provide the reason for applying to invest in instruments other than those prescribed in section 10.5 of FSM 2.

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#### Describe the investments for which approval is requested, including the currency in which the instruments will be denominated.

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#### Section 10.4 of FSM 2 allows the Prudential Authority to adjust the asset spreading requirements if it permits a microinsurer to invest in other instruments. Describe any adjustments to the asset spreading requirements that you believe will be required if approval is granted to invest in other instruments.

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#### Provide justification for the proposed adjustments to the asset spreading requirements.

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#### Describe the circumstances when it will become inappropriate to hold the investments mentioned in question3.2.2.

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* 1. Approval for a change in the maximum limit

#### Provide the reason(s) for applying to change the maximum exposure limit to a single financial institution, as set out in section 10.6 of FSM 2.

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#### For financial institution for which a change in the maximum exposure limit is requested, provide the information required in the Excel template accompanying this form (sheet Proposed limits).

## Results

* 1. Provide the following:

#### Provide the information required in the Excel template accompanying this form.

## 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 | 4.1 | Excel template |  |  |
| A2 | 6 | 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. Please 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.