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| **APPLICATION FORM IF078**  **APPLICATION FOR APPROVAL TO EXTEND THE PERIOD FOR COMPLIANCE** |

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| **Purpose of this document**  This application needs to be completed when applying for approval for extension of the period for compliance made under section 279(1) of the Financial Sector Regulation Act, 2017. |

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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 approval

* 1. Does this application relate to:

**Insurer**

**Controlling company**

**Microinsurer**

**Lloyd’s**

**Branch of a foreign reinsurer**

* 1. Provide the following additional details for this application:

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| **Insurer/Insurance group/Microinsurer/ Lloyd’s/Branch number** |  |
| **Insurer/Insurance group/Microinsurer/ Lloyd’s/Branch name** |  |
| **Effective date for which approval is requested** | YYYY/MM/DD |

* 1. Describe the reason for this application

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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 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).

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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 this section

#### 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 relevant regulation

#### Which regulation is relevant for this application (select only one per form)?

**Insurance Act, 2017**

**Financial Soundness Standards**

**Governance and Operational Standards**

**Other Standard or legislative instrument**

#### Indicate the relevant regulation if you selected “Other Standard or legislative instrument” in question 3.1.1.

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#### Indicate the reference of the regulation indicated in question 3.1.1 and question 3.1.2, if relevant.

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#### Indicate the date by which the insurer or controlling company should have complied with the relevant regulation.

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| YYYY/MM/DD |

* 1. Information about the extension

#### Is the extension required as a result of the insurer or controlling company failing to meet or at risk of failing to meet its minimum capital requirements?

**No** 🡺 Continue to question 3.2.2

**Yes** 🡺 Continue to question

#### Fully describe the reason for applying for this extension.

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#### Is the date for the extension required in question 3.1.4 already an extended date?

**No** 🡺 Continue to question 3.2.5

**Yes** 🡺 Complete question 3.2.4

#### Fully describe the details of the previous extension received.

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#### Fully describe what measures the insurer or controlling company will take to address the problem and prevent it from occurring again.

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## Attachment Checklist

* 1. Compulsory attachments

Please 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 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.