

REGISTERED COMPANIES ONLY



INSURANCE BROKERS ASSOCIATION OF UGANDA (IBAU)

IBAU Block, next to UMA Multipurpose Hall
UMA Show Ground
P. O. Box 36523, Kampala Uganda,
Email: info@ibau.ug
Website: www.ibau.ug
Tel: +256 414 252 685

Instructions for completing the Application Form

- Applicants are advised to refer to the Insurance Act when completing the application form.
- No question should be left unanswered. Where the Applicant believes that a question does not apply, the Applicant should write “**Not Applicable**” or “**N/A**”.
- Answers to ALL questions should be TYPED or written in INK and in BLOCK LETTERS.
- If space is insufficient to provide details, please attach annexure, and the annexure should be identified as such and signed by the signatory to this application.
- This application must be accompanied by :
 - a) The prescribed application fee of **Ushs 1,000,000** by banker’s cheque or EFT to IBAU;
 - b) The prescribed Membership fee of **Ushs 1,000,000** by banker’s cheque or EFT to IBAU
 - c) Certified true copies of the registration documents of the applicant;
 - d) Personal Questionnaire (in the prescribed form) completed by each director, substantial shareholder and principal officer of the applicant company.

ACCOUNT DETAILS

Account Name: Insurance Brokers Association of Uganda
Account Number: 0102010630800
Bank: Standard Chartered Bank
Branch: Speke Road

- Categories of Acceptable Certifiers:
 - a) A judge
 - b) A magistrate
 - c) A notary public
 - d) A barrister-at-law
 - e) A solicitor
 - f) An attorney-at-law
 - g) A Commissioner of Oaths

Insurance Broker – Membership Application Form

- The completed application form and other required documents, should submitted to:

**The Chairman
Insurance Brokers Association of Uganda
P.O BOX 36523 Kampala Uganda,
IBAU Block, UMA Show Groud, Jinja road – Kampala
Republic of Uganda**

- Please ensure that all answers and information submitted to IBAU in respect of the application are true and correct. Failure to do so can lead the association to rejecting an application.

Section 1: Details of Applicant

Trading Name of Applicant	
Business Address	
Registered Address	
Telephone	
Fax	
Email	

Section 2: Operations of Applicant

1. Financial Information

Authorized Capital	
Issued and paid- up capital (Provide certified evidence)	

Source of funding	Details	Amount
Shareholder Equity		

Insurance Broker – Membership Application Form

Shareholder or Intergroup Loan		
Third party Loan		

Date of end of the financial year	
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2. Shareholders of the Applicant

	Beneficial Owner 1	Shareholder 2
Name		
Business Address		
Telephone		
Fax		
Email		

3. Type of Insurance Business

General Insurance Business	<input type="checkbox"/>
Long Term Insurance Business	<input type="checkbox"/>

4. Proposed business of the Applicant

(Provide proof that the applicant’s object(s) are limited to the business stated in this application)

5. Directors and senior officers of the Applicant

	Director 1	Director 2	Director 3
Name			

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Business Address			
Telephone			
Fax			
Email			

6. Secretary of the Applicant

Name	
Business Address	
Email Address	
Telephone Number	
Fax Number	

7. Principle Officer

Name	
Business Address	
Email Address	
Telephone Number	
Fax Number	

8. Bank(s) where account(s) shall be opened for Banking of premiums received.

Name	
Address	
Email Address	
Telephone Number	
Fax Number	

9. Due Diligence / KYC Procedures

- a) Provide proof satisfactory that due diligence/KYC procedures have been established in compliance with the requirement of the Anti-Money Laundering Act, 2013.

Insurance Broker – Membership Application Form

b) Do the procedure provide for a Compliance and Reporting Officer?

DECLARATION

I hereby declare that to the best of my knowledge the particulars stated herein are accurate.

Name of Company:

Position of Signatory:

Date: Signature:

Witness:

Date: Signature:

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