

**Application for approval or for notification of a natural person as a broker,  
a licensed manager ("Dirigeant agréé") or as a member of the board of directors\*  
of a brokerage firm**

Activity type :	<input style="width: 95%;" type="text"/>
Requested function :	<input style="width: 95%;" type="text"/>
Has the person already been notified/approved by the CAA?	<input style="width: 95%;" type="text"/>
Has the person already been notified/approved by another supervisory authority?	<input style="width: 95%;" type="text"/>
If so, which other supervisory authority was the person last notified to/approved by?	<input style="width: 95%;" type="text"/>

All sections required for the notification or request (see below)  
are to be completed electronically, then printed and signed.

The signed document and the electronic file (in the original, non-scanned PDF format)  
must be addressed to the Commissariat aux Assurances by mail  
and, respectively, by email to [gouvernanceIDD@caa.lu](mailto:gouvernanceIDD@caa.lu)  
with all the supporting documents required in the relevant sections  
(originals and scans of documents in PDF form).

This form does not exempt you from providing details of the application to the CAA in the accompanying  
letter or from providing any additional information that may be requested later by the CAA  
(e.g. assessment by the company of the person's good repute and competence).

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|---|---|
| Section 1 : to be systematically filled in  | 1. Identification of the natural person |
| Section 2 : to be filled in if the requested position is carried out in a brokerage firm  | 2. Requested function                   |
| Section 3 : to be systematically filled in  | 3. Declaration of honour                |
| Section 4 : to be completed for the first approval as a broker or licensed manager ("dirigeant agréé") of a brokerage firm and for all other functions covered by this form | 4. Competence                           |

\* For the purposes of this form, the term "member of the board of directors" means any member of a statutory management body, i.e., but not limited to, any director, manager or member of the board of managers, member of the management board and of the supervisory board, member of the management committee, as well as any permanent representative of a legal person exercising these functions

## **CAA' s Statement on Personal Data**

The personal data collected by means of this form are processed by the CAA for the purpose of carrying out the tasks assigned to it by the law on the supervision of the insurance sector in the Grand Duchy of Luxembourg, in particular by the amended law of 7 December 2015 on the insurance sector. The supervision of legal and natural persons is stipulated in Article 2 of the said law and the powers of the CAA are defined in Article 4.

The tasks of the CAA concern in particular the requirements of good repute and competence referred to in that law in Articles 72 (management and other key functions of insurance and reinsurance undertakings), 89 (candidates for the acquisition of an insurance or reinsurance undertaking) and 133 (general representative of a branch in a third country), 201 (directors and managers of certain holding companies), 221 (directors and managers of financial conglomerates), 261 (professionals of the insurance sector, known as PSA), 274 (all functions subject to a licence), 281 (insurance and reinsurance intermediaries) and 296 (candidates for the acquisition of a PSA or an intermediary).

The personal information collected and processed by the CAA also fall in the scope of the tasks determined by the law transposing Directive (EU) 2016/97 of 20 January 2016 on the distribution of insurance (IDD) and by CAA Regulation 13/01 of 23 December 2013 on the fight against money laundering and the financing of terrorism (AML/CFT).

Personal data is kept as long as the person is likely to perform one of the functions mentioned above or to submit a new notification or request for a licence.

This personal data may be compared with other information collected by the CAA, but it is not subject to an automatic decision making process.

These personal data will be processed as part of the CAA's legal tasks and may be communicated to other European authorities with whom the regulations applicable to the CAA require international cooperation.

In accordance with Chapter VI of the amended law of 2 August 2002 on the protection of individuals with regard to the processing of personal data and in accordance with Regulation (EU) 2016/679 of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, the person concerned has certain rights, including in particular the right of access to information concerning him/her, the right to rectify inaccurate information or the right to lodge a complaint with a supervisory authority.

Data Protection Officer - Email: [dpo@caa.lu](mailto:dpo@caa.lu)

Section 1

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**Identification of the natural person**

The section is to be completed electronically, then to be entirely printed and signed.  
The information shall be updated with each new notification or request for a licence.  
Mandatory information is indicated by an asterisk (\*) on the right.

Mandatory document to be attached :      Copy of a valid identity document

**Identification of the undersigned natural person**

Title		101
Last name(s) of the undersigned as shown on the identity document attached to the file		102 *
Last name of use, if different (e.g. ex-spouse name)		103
First name(s) of the undersigned as shown on the identity document attached to the file		104 *
First name of use, if different		105
Gender		106 *
Date of birth		107 *
Place of birth		108 *
Country of birth		109 *
Nationality (in accordance with the identity document attached to the file)		110 *
If applicable : second nationality		111
Email address		112
Phone number		113
Country of residence and country of main activity over the last 5 years		114 *
Please indicate the same country only once.		115 *
		116 *
		117 *
		118 *

**I, the undersigned** \_\_\_\_\_  
**declare the information provided in this document to be true and accurate.**

**The undersigned acknowledges and accepts that if this document is inaccurate, his good repute, as defined in Article 32 of the amended Law of 7 December 2015 on the insurance sector, shall be compromised.**

Date of signature		119 *
Signature		120 *

Section 2

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**Function requested by a natural person**

The entire section must be completed electronically, then printed and signed.  
The information shall be updated with each new notification or request for approval.

Mandatory information is indicated by an asterisk (\*) on the right.

The drop-down lists are indicated by a grey background.

Document to be attached :      Copy of the minutes of the statutory body  
appointing the person to the requested function.

**1. Identification of the brokerage firm  
for which the function is requested**

Name of the brokerage firm	<input type="text"/>	301 *
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**2. Function requested at the brokerage firm**

Description of any conflicts of interest related to the requested function and the measures taken to prevent them or to limit their effects	If none, tick this box : <input type="checkbox"/>	302 *
		303

**3. Activities carried out by the undersigned natural person**

**Function(s) exercised or to be exercised in the undertaking or in its group simultaneously with the requested function :**

Please indicate the functions that the natural person already performs or will perform, simultaneously with the function requested, in the undertaking, in any other company of the same group or at the same level of the group

	in the brokerage firm	in another company of the group or at the level of the group itself
Chairman or Vice-Chairman of the Board of Directors	304	305
"Administrateur-délégué"	306	307
Member of a Board Committee	308	309
Other Member of the Board of Directors	310	311
Licensed manager ("Dirigeant agréé") of a brokerage firm	312	313
Licensed manager ("Dirigeant agréé") in charge of day-to-day management	314	315
General representative of a branch outside of Luxembourg	318	319
Key function holder for Internal Audit function (Solvency II)	320	321
Key function holder for Actuarial function (Solvency II)	322	323
Key function holder for Risk Management function (Solvency II)	324	325
Key function holder for Compliance function (Solvency II)	326	327
Responsible for Compliance (AML/TF)	328	329
Compliance Officer (AML/TF)		
Distribution Manager (IDD)	330	331
Insurance or reinsurance agent	332	333

**Employment contract in force at the time of taking up the position** \*

Employee of a brokerage firm for which the function is requested	401
Employee in another company of the same group	402

If the information required is more extensive than expected, please complete the main information in this form and provide the full information in an annex.

Functions listed above performed by the undersigned outside the group in other insurance/reinsurance undertakings, insurance intermediary undertakings, financial undertakings or industrial/commercial undertakings \*

If none, tick this box :  410

Legal entity	Function
411	412
416	417
421	422
426	427
431	432

**Other professional activities** \*

If none, tick this box :  440

441

All direct and indirect holdings of the undersigned ( $\geq 10\%$ ) in a legal entity : please specify each time the total rate of the holding and the supervisory authority in case of a Public Interest Entity (PIE) \*

If none, tick this box :  450

Legal entity	Rate of the holding (direct and indirect)	Supervisory authority
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Close links (in particular of an economic, financial, contractual or family nature if there is a common patrimonial interest) with other directors or managers of the undertaking, and with investors or shareholders of the undertaking (holding  $\geq 10\%$ ) \*

If none, tick this box :  480

<input type="text"/>	481
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I, the undersigned  declare the information provided in this document to be true and accurate. \*

By signing this document, the undersigned undertakes to inform the CAA without delay in the event that any elements covered by this identification are changed in the future.

The undersigned acknowledges and accepts that if this document is inaccurate, its good repute, as defined in Article 32 of the Law of 7 December 2015 on the insurance sector, as amended, would be compromised.

Date of signature	<input type="text"/>	492 *
Signature	<input type="text"/>	493 *



Section 3

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**Declaration of honour**

The entire section must be completed electronically, then printed and signed.  
The information shall be updated with each new notification or request for a licence.  
Mandatory information is indicated by an asterisk (\*) on the right.

Mandatory document(s) to be attached unless  
CAA already has these documents from another  
request and which are less than 3 months old

Criminal record extract less than 3 months old after the date of  
issue by the authorities of the country of residence

and

Criminal record extract less than 3 months old after the date of  
issue by the authorities of the country of predominant residence  
during the last 5 years if different from the previous extract

and

For persons applying for an executive function subject to a licence or  
a key function according to Solvency II or IORP II  
and if the declaration of honour is not made before a competent judicial  
or administrative authority or before a notary:

- a sworn statement on the question whether the person has not  
previously been declared bankrupt.

- or, in states where such a statement is not provided, a solemn  
declaration - made before a competent judicial or administrative authority  
or a notary of the state of origin or provenance of the citizen, on the  
question whether the person has not previously been declared bankrupt.

I, the undersigned  \*  
declare on my honour and to my best knowledge :

<input type="checkbox"/>	(a) never having been or currently not being subject to any proceedings for fraudulent bankruptcy, insolvency, moratorium, controlled management, suspension of payment, judicial liquidation, reorganisation or any similar proceedings generally affecting the rights of creditors, in Luxembourg or in any other jurisdiction;	501
<input type="checkbox"/>	(b) never having been or currently not being director, manager or having any other managerial function or significant influence in an undertaking, legal person or other legal entity which has been or is subject to proceedings for fraudulent bankruptcy, insolvency, moratorium, controlled management, suspension of payment, judicial liquidation, reorganisation or any other similar procedure generally affecting the rights of creditors, or which has had or is having a significant influence on a company subject to such proceedings, in Luxembourg or in any other jurisdiction;	502
<input type="checkbox"/>	(c) never having had a criminal record concerning my activity, nor having been subject to a criminal investigation or criminal proceedings, warrant of arrest, surrender procedure, nor having been subject to preventive detention, a measure of imprisonment, a criminal fine or other criminal sanction, nor having been subject to civil or administrative proceedings concerning my activity, nor having been subject of disciplinary measures concerning my activity (including disqualification as a director of a company or in the context of a fraudulent bankruptcy, insolvency proceedings or similar measures), nor currently being subject to any investigations, procedures or measures described above, in Luxembourg or in any other jurisdiction;	503
<input type="checkbox"/>	(d) never having been or currently not being subject to investigations, enforcement proceedings or sanctions by a supervisory authority, in Luxembourg or in any other jurisdiction;	504
<input type="checkbox"/>	(e) never having been or currently not being a director, manager or shareholder in an entity that has been or currently is subject to investigations, enforcement proceedings or sanctions by a supervisory authority, in Luxembourg or in any other jurisdiction;	505
<input type="checkbox"/>	(f) never having been subject to a refusal or a withdrawal of licence, registration, authorisation, membership or licence to carry out an activity, business or profession, nor having been subject to a removal order by a regulatory or administrative body, in Luxembourg or in any other jurisdiction;	506
<input type="checkbox"/>	(g) never having been dismissed or encouraged to resign from employment or a position of trust, fiduciary relationship or similar situation, by reason of alleged serious infringement of professional obligations, in Luxembourg or in any other jurisdiction;	507

Other remarks or explanations by the undersigned on the above-mentioned points, in particular if one of the points cannot be confirmed by the undersigned. Please attach any necessary explanatory document.

<input type="text"/>	508
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**By signing this declaration of honour, the undersigned commits to inform the CAA without delay in case any of the elements covered by this declaration were to change in the future.**

**The undersigned acknowledges and accepts that if this declaration of honour is inaccurate, its good repute, as defined in Article 32 of the amended Law of 7 December 2015 on the insurance sector, shall be compromised.**

**By signing this declaration of honour, the undersigned commits himself to act openly and fairly towards the CAA, and to transmit in an appropriate and active manner any information of which the CAA would reasonably expect notice.**

Place of signature	<input type="text"/>	509 *
Date of signature	<input type="text"/>	510 *
Signature	<input type="text"/>	511 *

Section 4  
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**Competence**

The entire section must be completed electronically, then printed and signed.  
The information shall be updated with each new notification or request for approval.  
Mandatory information is indicated by an asterisk (\*) on the right.  
Drop-down lists are indicated by a grey background.

Mandatory document to be attached :  
*(at each notification or application to the CAA)*

Updated and detailed curriculum vitae :  
exact places, dates and names

Other documents to be attached :  
*(unless the documents have already been  
provided in a previous notification)*

Copy(s) of obtained certification(s) and diploma(s)  
Certificate(s) of additional continuous training(s)  
Certificate(s) of approval or registration in a foreign register of intermediaries  
Certificate(s) of employment in the insurance sector

**4.0. General information (to be filled in systematically)**

<b>Type of the main training</b>										601	*	
<b>Diploma obtained from this training</b>										602	*	
<b>Academic background, starting with the most recent ones</b>												*
Country		Name of the establishment			Name of training			Duration (years)		Diploma obtained		Year of graduation
	611		612		613		615		617		616	
	621		622		623		625		627		626	
	631		632		633		635		637		636	
	641		642		643		645		647		646	
<b>Professional or additional continuous training</b>												*
indicating the most relevant for the requested function												
											If none, check this box :	650
Country		Name of the establishment			Name of training			Beginning Year		Duration (hours)		End Year
	651		652		653		654		655		656	
	661		662		663		664		665		666	
	671		672		673		674		675		676	
	681		682		683		684		685		686	
<b>Other certifications or diplomas obtained in connection with the requested function</b>												*
											If none, tick this box :	700
Country		Organisation that issued the certification or diploma					Certification or diploma obtained			Year		
	701									704		
	711									714		
	721									724		
	731									734		

Professional experience as an intermediary in the insurance sector				If none, tick this box : <input type="checkbox"/> 740
Country	Name of the undertaking on whose behalf the intermediary activities were carried on	Intermediary type	Duration in months	
<input type="text"/> 741	<input type="text"/> 742	<input type="text"/> 743	<input type="text"/> 744	<input type="text"/> 744
<input type="text"/> 751	<input type="text"/> 752	<input type="text"/> 753	<input type="text"/> 754	<input type="text"/> 754
<input type="text"/> 761	<input type="text"/> 762	<input type="text"/> 763	<input type="text"/> 764	<input type="text"/> 764
<input type="text"/> 771	<input type="text"/> 772	<input type="text"/> 773	<input type="text"/> 774	<input type="text"/> 774

Professional experience outside insurance intermediation				If none, tick this box : <input type="checkbox"/> 780
	Duration		Main function	
<i>insurance sector</i>	<input type="text"/> years	781	<input type="text"/> 784	<input type="text"/> 784
<i>financial sector</i>	<input type="text"/> years	782	<input type="text"/> 785	<input type="text"/> 785
<i>other sectors</i>	<input type="text"/> years	783	<input type="text"/> 786	<input type="text"/> 786
<i>total</i>	<input type="text"/> years			
<i>of which experience in the undertaking or the same group as the requested position.</i>	<input type="text"/> years	787		

<b>Other information</b> allowing an assessment of the skills in the requested position	<input type="text"/>	788
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Please complete the following fields according to the function(s) requested by this file.

Section 4.1. applies to any member of a Board of Directors, Supervisory Board or equivalent. It applies in particular to an "administrateur-délégué", in addition to section 4.2.

Section 4.2 applies to any person who requests one of the following functions: "administrateur-délégué", licensed manager ("Dirigeant agréé") (or "dirigeant délégué" of a reinsurance undertaking or a pension fund), member of an executive committee, general representative of a branch.

**4. Additional information to notify a position as a member of the executive committee of a brokerage firm with a staff of 5 or more persons dedicated to intermediation activities**

Have you ever taken an aptitude test for the professional knowledge for a licensed manager ("dirigeant agréé") of a brokerage firm in Luxembourg? 790

Experience in corporate management and team management				
Position held	Directed entity	Number of subordinates	Period (start and end dates)	Reason for termination
791	792	793	794	795
801	802	803	804	805
811	812	813	814	815
821	822	823	824	825

I, the undersigned   
declare the information provided in this document to be true and accurate.

The undersigned acknowledges and accepts that, if this document is inaccurate, its good repute, as defined in Article 32 of the Law of 7 December 2015 on the insurance sector, as amended, would be compromised.

Date of signature		900	*
Signature		901	*