

ANNEX 12

ASSOCIATE MEMBER APPLICATION FORM

Guidance: Please complete the form below to apply for Associate Membership of Insurance Ireland. All fields requiring a response are denoted in blue. An Associate Member is an entity who meets the criteria as described in the Terms and Conditions of Associate Membership (<https://www.insuranceireland.eu/about-us/about-us/insurance-ireland-membership/documents/annex10>).

A: ASSOCIATE MEMBERSHIP APPLICANT ORGANISATION CORE INFORMATION

Associate Membership Applicant Organisation Information			
1a	Name of Applicant Organisation:		
Guidance: The name provided should be the official or legal name of the Applicant Organisation rather than its trading name.			
1b	Business address:		
1c	Website:		
		Please tick as appropriate	
2	Is the Applicant Organisation a legal entity registered in Ireland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2a	If Yes, please provide the relevant business registration number:		
Guidance: If the Applicant Organisation is a company, please include the Applicant Organisation's company registration number. If the Applicant Organisation is a registered business, please include the Applicant Organisation's business registration number. If the Applicant Organisation is an unregistered business, please include the Applicant Organisation's tax reference number. If the Applicant Organisation is a partnership, please provide the Applicant Organisation's partnership registration number.			
3	Is the Applicant Organisation a legal entity registered in another jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please provide the following information:		
3a	Registered jurisdiction:		
3b	Relevant business registration number:		
Nominated contact person details			
Guidance: We may need to reach out to you for further information when processing your application for Associate Membership. To enable us to do so, please provide the below details for your nominated contact person. This person will be authorised as the Applicant Organisation's representative in all communications with Insurance Ireland.			
4	Name of contact person:		
5	Position in the Applicant Organisation:		
6	Business Telephone (including country code):		
7	Email address:		

B: ENTITY TYPE/SERVICES

Entity Type/Services			
1	Please indicate the type of entity the Applicant Organisation should be categorised as by ticking the appropriate option below:		Please tick as appropriate
	• Loss Adjuster		<input type="checkbox"/>
	• An intermediary who acts as an underwriting agent, enters into insurance contracts and/or appoints retail agents on behalf of insurance undertakings under a delegated authority		<input type="checkbox"/>
	• An entity which has an insurance undertaking as a carrier		<input type="checkbox"/>
	• A technology firm which provides services to insurance undertakings		<input type="checkbox"/>
	• A legal firm which provides services to insurance undertakings		<input type="checkbox"/>
	• An advisory firm which provides services to insurance undertakings		<input type="checkbox"/>
	• A consulting firm which provides services to insurance undertakings		<input type="checkbox"/>
	• An entity providing outsourced control functions to insurance undertakings		<input type="checkbox"/>
	• Other (Please describe below)		<input type="checkbox"/>
1a	If you selected “Other” at question 1 above, please describe the type of entity the Applicant Organisation should be categorised as:		
		Please tick as appropriate	
2	Does the Applicant Organisation currently provide services in the insurance sector in Ireland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2a	If no, does the Applicant Organisation intend to provide services in the insurance sector in Ireland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	If yes to 2 or 2a, please describe the services provided/intended to be provided by the Applicant Organisation in the insurance sector in Ireland:		
	Guidance: The Applicant Organisation should provide a general description of the relevant services provided/intended to be provided in Ireland and should not include business secrets, strategic or commercially sensitive information or other confidential information.		

C: CONFIRMATION

Guidance: The below confirmation must be completed by an individual with legal authority to sign on behalf of the Applicant Organisation.

	By signing below, I confirm that: <ul style="list-style-type: none">• The Applicant Organisation wishes to be an Associate Member of Insurance Ireland in accordance with the Terms and Conditions of Associate Membership.• I have authority to apply to be an Associate Member of Insurance Ireland on behalf of the Applicant Organisation• If confirmed as an Associate Member of Insurance Ireland, the Applicant Organisation will pay the annual fee for Associate Membership which is set by Insurance Ireland (specific link to be included TBC)• If confirmed as an Associate Member of Insurance Ireland, the Applicant Organisation agrees to be bound by the Terms and Conditions of Associate Membership of Insurance Ireland, which are available on the Insurance Ireland website (https://www.insuranceireland.eu/about-us/about-us/insurance-ireland-membership/documents/annex10)• The information provided by me on this form is true and accurate• I consent to the information provided by me on this form being processed by Insurance Ireland and/or its agents for the purposes of evaluating this application to be an Associate Member of Insurance Ireland	
1	Signed:	
2	Date:	
3	Name of signatory (BLOCK CAPITALS):	
4	Title:	