

## ANNEX 11

### FULL MEMBER APPLICATION FORM

**Guidance:** Please complete the form below to apply to become a Full Member of Insurance Ireland. All fields requiring a response are denoted in blue. A Full Member is an entity that meets the criteria as outlined in the Rules Relating to Admission to Full Membership of Insurance Ireland (<https://www.insuranceireland.eu/about-us/about-us/insurance-ireland-membership/documents/annex09>).

#### A: FULL MEMBERSHIP APPLICANT ORGANISATION CORE INFORMATION

Full Membership Applicant Information			
<b>1</b>	<b>Name of Applicant Organisation:</b>		
<b>Guidance:</b> The name provided should be the official or legal name of the Applicant Organisation rather than its trading name.			
<b>2</b>	<b>Business address:</b>		
<b>3</b>	<b>Website:</b>		
		<b>Please tick as appropriate</b>	
<b>4</b>	<b>Is the Applicant Organisation a legal entity registered in Ireland?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>4a</b>	<b>If Yes, please provide the relevant business registration number:</b>		
<b>Guidance:</b> 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.			
<b>5</b>	<b>Is the Applicant Organisation a legal entity registered in another jurisdiction?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>If Yes, please provide the following information:</b>		
<b>5a</b>	<b>Registered jurisdiction:</b>		
<b>5b</b>	<b>Relevant business registration number:</b>		
Nominated contact person details			
<b>Guidance:</b> We may need to reach out to you for further information when processing your application for Full Membership. To enable us to do so, please provide the below details for your nominated contact person.			
<b>6</b>	<b>Name of contact person:</b>		
<b>7</b>	<b>Position in the Applicant Organisation</b>		
<b>8</b>	<b>Business Telephone (including country code):</b>		
<b>9</b>	<b>Email address:</b>		

**B: REGULATORY INFORMATION**

<b>Regulatory status</b>			
<b>Guidance:</b> Please complete this section if the Applicant Organisation: (i) holds a current authorisation as an insurance or reinsurance undertaking from a competent authority within the EEA, or is currently in the process for applying for such authorisation; or (ii) is an insurance undertaking authorised in the United Kingdom or Gibraltar and is authorised, pursuant to Regulation 13A of the European Union (Insurance and Reinsurance) Regulations 2015, or is currently in the process for applying for such authorisation.			
<b>1</b>	<b>Jurisdiction:</b>		
<b>2</b>	<b>Regulatory body:</b>		
<b>3</b>	<b>Relevant regulatory registration number:</b>		
		<b>Please tick as appropriate</b>	
<b>4</b>	<b>If the Applicant Organisation does not currently have a relevant regulatory registration number, is the Applicant Organisation currently in the process of applying for authorisation from a competent authority in the EEA/UK/Gibraltar?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Yes, please provide the following information:</b>			
<b>4a</b>	<b>Jurisdiction:</b>		
<b>4b</b>	<b>Regulatory body:</b>		

**C: CATEGORY OF FULL MEMBERSHIP**

<b>Committees and Working Groups</b>			
<b>1</b>	<b>Please indicate which category of Full Membership the Applicant Organisation falls within:</b>	<b>Please tick as appropriate</b>	
	• <b>Life Insurer</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• <b>Non-life Insurer</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• <b>Health Insurer</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• <b>International Insurer</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	• <b>Reinsurance/Captive Insurer</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**D: CONFIRMATION**

<b>Guidance:</b> The below confirmation must be completed by an individual with legal authority to sign on behalf of the Applicant Organisation.			
	<b>By signing below, I confirm that:</b> <ul style="list-style-type: none"> <li>• The Applicant Organisation wishes to apply to become a Full Member of Insurance Ireland</li> <li>• I have authority to apply for Full Membership of Insurance Ireland on behalf of the Applicant Organisation</li> <li>• The information provided by me on this form is true and accurate</li> <li>• 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 for Full Membership of Insurance Ireland</li> </ul>		
<b>1</b>	<b>Signed:</b>		
<b>2</b>	<b>Date:</b>		
<b>3</b>	<b>Name of signatory (BLOCK CAPITALS):</b>		
<b>4</b>	<b>Title:</b>		