

INSURANCE LICENCE - ANNUAL RETURN

REPUBLIC OF KIRIBATI



Issued by the:
Kiribati International Financial Authority (KIFA)
Department: International Licensing & Supervision



Registrar of Companies – Republic of Kiribati

Pursuant to the Kiribati Financial Institutions Act 2021, as in force from 3 April 2023

Annual Return for the year ended: 31 December _____

Filing deadline: 30 March of each year

Annual Return Fee: USD 500

Application Type: Annual Return

Insurance licence (International / Only Non-Resident)

1. COMPANY DETAILS

Name of Insurance Company:.....

Company Registration Number:.....**Insurance Licence Number:**.....

2. CURRENT DIRECTORS

(List all current directors)

- **Name and Surname:**
- **Name and Surname:**
- **Name and Surname:**
- **Name and Surname:**
- **Name and Surname:**

3. CURRENT SHAREHOLDERS

(Repeat this section as necessary for all shareholders)

Shareholder (Individual or Legal Entity):.....

Number of Shares Held:

Total Value of Shares:..... ☐ USD ☐ EUR ☐ Other:

4. CAPITAL OF THE INSURANCE COMPANY

Authorised Capital: ☐ USD ☐ EUR ☐ Other:

Total Number of Issued Shares:.....

Nominal Value of Each Share:..... ☐ USD ☐ EUR ☐ Other:

Total Number of Shareholders:.....

5. AUDITOR OF THE INSURANCE COMPANY

Auditor Name:.....

Address:

.....

Telephone: **Fax:**

Mobile: **E-mail:**

6. LEGAL COUNSEL OF THE INSURANCE COMPANY

Lawyer / Legal Firm Name:.....

Address:

.....

Telephone: **Fax:**

Mobile: **E-mail:**

7. BUSINESS BANK ACCOUNTS

(Repeat as necessary)

Bank Name:

Country: **SWIFT / BIC:**

Bank Name:

Country: **SWIFT / BIC:**

8. PROFIT AND LOSS ACCOUNT

For the Financial Year Ended: 31 December _____ **Currency:** _____

Item	Current Year	Previous Year
Interest income		
Interest expense		
Net interest income		
Other finance costs		
Fees and commissions income		
Fees and commissions expense		
Net fees and commissions income		
Net trading income		
Other operating income		
Total income		
Operating expenses		
Administrative expenses		
Depreciation and amortisation		
Total operating expenses		
Impairment gains / (losses)		
Profit before tax		
Taxation (0% corporate tax)		
Profit for the financial year		

9. DECLARATION

I/We, the undersigned, hereby declare under full legal responsibility to the **Kiribati International Financial Authority (KIFA)**, acting as Registrar of Companies and supervisory authority for international insurance activities, that:

- 1. All information provided in this Annual Return is true, complete, and accurate.
- 2. The information has been duly reviewed and approved by the Board of Directors and/or the Shareholders’ Meeting, as required.
- 3. The company remains in full compliance with all applicable laws, regulations, licensing conditions, and AML/CFT obligations under the jurisdiction of Kiribati.

Declarant Full Name:

.....

Position within the Company:

.....

Signature:

.....

Date of Declaration (DD/MM/YYYY): **Place of Declaration:**