

# INSURANCE LICENCE CHANGE OR TERMINATION OF DIRECTOR CHIEF EXECUTIVE OFFICER

## 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**

Application Type: Change or termination of director chief executive officer  
**Insurance licence (International / Only Non-Resident)**

## 1. COMPANY DETAILS

Name of Insurance Company:.....

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

## 2. APPOINTMENT OF NEW DIRECTOR OR CHIEF EXECUTIVE OFFICER

First Name: ..... Surname: .....

Residential Address:.....

Date of Birth (DD/MM/YYYY): ..... Place of Birth: .....

Citizenship: .....

Effective Date of Termination (DD/MM/YYYY): .....

The above-named individual hereby resigns from the position of **Director / President / Chief Executive Officer** of the above-mentioned insurance company, with effect from the date indicated above.

### **3. APPOINTMENT OF NEW DIRECTOR OR CHIEF EXECUTIVE OFFICER**

#### **New Director / CEO – Details**

**First Name:** ..... **Surname:** .....

**Residential Address:**.....

**Telephone:** ..... **Fax:** .....

**Mobile:** ..... **E-mail:** .....

**Date of Birth (DD/MM/YYYY):** ..... **Place of Birth:** .....

**Citizenship:** ..... **Personal ID Type** ..... **Expiration:**.....

**Personal ID No.:** ..... **Country of Issue:** .....

**Date of Appointment (DD/MM/YYYY):**.....

*Attach a clear copy of the passport or other valid government-issued identification document.*

## **4. REFERENCES (NEW DIRECTOR / CEO)**

### **4.1 Business Reference**

**Company Name:** .....

**Address:**.....

**Telephone:** ..... **E-mail:** .....

### **4.2 Banking Reference**

**Name of Bank:** .....

**Address:** .....

**Telephone:** ..... **E-mail:** .....

## 5. DECLARATION

I/We, the undersigned, hereby declare under full legal responsibility to the **Kiribati International Financial Authority (KIFA)**, acting as the supervisory authority under the Kiribati Financial Institutions Act 2021, that:

1. All information submitted with this notification is true, complete, and accurate.
2. The termination and appointment described above have been duly approved by the Board of Directors and/or the Shareholders' Meeting, in accordance with the company's constitutional documents and applicable laws.
3. The company remains in full compliance with all applicable laws, regulations, licensing conditions, and AML/CFT obligations under the jurisdiction of Kiribati.

**Applicant Full Name:** .....

**Position within the Company:**.....

**Signature:** .....

**Date of Application (DD/MM/YYYY):** ..... **Place of Application:** .....