

# **INSURANCE LICENCE NEW SHARE SUBSCRIPTION OR CHANGE OF CAPITAL**

**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: New share subscription or change of capital  
**Insurance licence (International / Only Non-Resident)**

## 1. COMPANY DETAILS

Name of Insurance Company: .....

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

## 2. CURRENT AUTHORISED CAPITAL

Authorised Capital of the Insurance Company:..... ☐ USD ☐ EUR ☐ Other: .....

Total Number of Issued Shares:.....

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

Total Number of Shareholders:.....

## 3. NEW SHARE SUBSCRIPTION / CAPITAL CHANGE

Nominal Value / Denomination of Each Newly Subscribed Share:

..... ☐ USD ☐ EUR ☐ Other: .....

Number of New Shares Subscribed:.....

Total New Capital Issued:..... ☐ USD ☐ EUR ☐ Other: .....

Total Number of Shareholders After Subscription:.....

**4. AUTHORISED CAPITAL AFTER SUBSCRIPTION**

New Authorised Capital of the Insurance Company:..... ☐ USD ☐ EUR ☐ Other: .....

Total Number of Issued Shares:.....

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

Total Number of Shareholders:.....

**5. SPECIAL REQUIREMENTS / NOTES (IF ANY)**

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## 6. 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 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:**

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**Position within the Company:**

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**Signature:**

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