

# **INSURANCE LICENCE APPLICATION**

## **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 - Application**  
**Insurance licence (International / Only Non-Resident)**

# 1. APPLICANT COMPANY DETAILS

Proposed Name of Insurance Company:

.....

Alternative Name(s), if any:

a) .....

b) .....

c) .....

**Permitted Suffixes (examples):**

PLC, Public Limited Company, LTD, Limited, Corp,  
Corporation, Inc., Incorporated, SA, AG, S.p.A.

# 2. CLASSES OF INSURANCE LICENCE

*(Tick one)*

☐ **General International (Offshore) Insurance Licence**

(Unlimited insurance business)

☐ **Restricted International (Offshore) Insurance Licence**

(Restricted insurance business with permitted entities)

☐ **Re-Insurance International (Offshore) Licence**

(Reinsurance and intermediary activities)

The Applicant acknowledges that the final classification of the insurance licence, including its scope, permitted activities, and any restrictions or conditions, shall be determined by the Kiribati International Financial Authority (KIFA) pursuant to the Kiribati Financial Institutions Act 2021.

### 3. DIRECTORS

*(Minimum two (2) directors required – Corporate directors are not permitted)*

*(Attach a copy of a valid passport or government-issued ID for each director)*

#### 3.1 First Director – 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: .....

#### Business Reference

Company

Name: .....Address: .....

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

#### Banking Reference

Bank

Name: .....Address: .....

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

### 3.2 Second Director – 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: .....

#### Business Reference

Company

Name: ..... Address: .....

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

#### Banking Reference

Bank

Name: ..... Address: .....

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

*(Repeat same structure as Director 3.1)*

## 4. CAPITAL AND SHARES OF THE INSURANCE COMPANY

- ☐ General International Licence – minimum capital **USD 15,000,000**  
☐ Restricted International Licence – minimum capital **USD 1,000,000**  
☐ Re-Insurance International Licence – minimum capital **USD 100,000**

The Applicant acknowledges that the applicable minimum capital requirements shall be subject to assessment, approval, and ongoing supervision by the Kiribati International Financial Authority (KIFA), having regard to the nature, scale, and risk profile of the proposed insurance activities.

**Authorised Capital:**..... ☐ USD ☐ EUR ☐ Other: .....

**Total Number of Shares (all classes):**.....

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

**Total Number of Shareholders:**.....

### Legal Notes:

- All shares must be registered shares.
- Bearer shares are not permitted for insurance companies.
- A minimum of two (2) shareholders is required.
- Shareholders may be natural persons or legal entities.

### Special Requirements for Shares and Capital (if any):

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## 5. SHAREHOLDER(S)

### DETAILS

#### 5.A – NATURAL PERSON (Individual Shareholder)

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

Residential Address:.....

.....

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

Mobile: ..... Email: .....

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

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

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

Number of Shares Subscribed:.....

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

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

*(Attach passport or government-issued ID. Repeat for each individual shareholder.)*

## 5.B – LEGAL ENTITY (Corporate Shareholder)

Company Name:.....

Registered Address:,,,,,,.....

.....

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

Mobile: ..... Email: .....

Company Registration Number:..... Country of Incorporation:.....

Director / President / Authorised Signatory:.....

Number of Shares Subscribed:.....

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

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

*(Attach Certificate of Incorporation and proof of authority/signatory. Repeat as needed.)*

## 6. APPLICATION CHECKLIST

- ☐ Completed Insurance Licence Application (this form)
- ☐ Copy of each Director's passport / government-issued ID
- ☐ Copy of Shareholder identification / corporate documents
- ☐ **Business Plan and financial projections (minimum three (3) years) – English language**
- ☐ One (1) business reference for each director
- ☐ One (1) banking reference for each director
- ☐ Payment of all applicable fees

## 7. DECLARATION

I/We, the undersigned applicant(s), 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:

1. All information submitted with this application is true, complete, and accurate.
2. The applicant(s) are fit and proper persons of good moral character and lawful standing.
3. The company will be used exclusively for lawful activities and will operate in full compliance with all applicable laws, regulations, licensing conditions, and AML/CFT obligations under the jurisdiction of Kiribati.

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

**Signature:**.....

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