APPOINTMENT OF AUDITOR FORM

Application Date: \_\_\_\_\_\_\_\_\_\_\_

**SECTION I – COMPANY TO BE AUDITED**

**NAME OF COMPANY TO BE AUDITED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate (X) type of company LICENSED

**DOMESTIC INSURANCE**

INSURER: \_\_\_\_\_REINSURER: \_\_\_\_\_ CORPORATE AGENT: \_\_\_\_\_ BROKER: \_\_\_\_\_\_

**INTERNATIONAL INSURANCE**

INSURER: \_\_\_\_\_REINSURER: \_\_\_\_\_ CAPTIVE: \_\_\_\_\_\_ CELL: \_\_\_\_\_\_\_\_\_

PRINCIPAL INSURANCE REPRESENTATIVE: \_\_ INSURANCE MANAGER: \_\_\_

**PRIVATE PENSION**

PENSION ADMINISTRATOR \_\_\_

**SECTION II – PROPOSED APPOINTMENT OF AUDITOR**

|  |  |  |
| --- | --- | --- |
|  | **RESPONSE** | **OFFICIAL USE ONLY** |
| 1. Name of AUDITING FIRM
 |  |  |
| 1. DATE AUDITOR recommended for appointment by the Board of Directors
 |  |  |
| 1. Period for which Auditor would be appointed
 |  |  |
| 1. Previous appointment period of Auditor to this company;

Specify length of time in years. |  |  |
| 1. Name of Principal Partner/Auditor
 |  |  |
| 1. Name of other insurance companies/pension administrators currently been audited by the Auditing Firm
 |  |  |
| 1. Name of other insurance companies/pension administrators previously audited by the Auditing Firm
 |  |  |

**SECTION III: ORGANIZATION & EXPERIENCE OF THE AUDITOR**

For new appointment of Auditor/Auditing Firms, an information booklet on the Auditing Firm providing information on organization and especially, quality controls must be presented along with this application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **POSITION** | **NAME OF PERSON** | **PROFESSIONAL TRAINING &****QUALIFICATION** | **EXPERIENCE IN THE FIELD** **(# of YEARS)** | **KNOWLEDGE OF IFRS FOR INSURANCE ACCOUNTING** | **PREVIOUS AUDITING FIRMS EMPLOYED**  |
| SENIOR PARTNER |  |  |  |  |  |
| SENIOR PARTNER |  |  |  |  |  |
| SENIOR AUDITOR |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**SECTION IV: RELATIONSHIP BETWEEN AUDITOR AND LICENCEE**

The table below must be completed for each Partner of the Auditing Firm. At the end of each table there is a certificate that each person completing the table must sign.

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auditing Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No** | **Yes** | **If Yes, provide details** |
| **NAME:****Position with Firm:** |  |  |  |
| 1. Has financial relationship with insurer or insurance intermediary other than as a policyholder
 |  |  |  |
| 1. Is a Director, officer, employee or agent of the insurer or insurance intermediary or any subsidiary or other affiliates
 |  |  |  |
| 1. Has financial relationship with a director, officer, employee or agent of the insurer or insurance intermediary or of any of its subsidiaries or other affiliates
 |  |  |  |
| 1. Owns any share or other security of the insurer or insurance intermediary or beneficially owns or controls directly or indirectly , a material interest in the shares or other securities of the insurer or insurance intermediary or of any of its subsidiaries or other affiliates
 |  |  |  |
| 1. Has been a receiver, receiver-manager, liquidator, judicial manager or trustee in bankruptcy of the insurer or insurance intermediary or any subsidiary or other affiliate of the insurer or insurance intermediary within 2 years immediately preceding the appointment of the auditor, other than a subsidiary or affiliate acquired through a realization of security
 |  |  |  |

**Certification by Auditor**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby confirm that the information provided herein is true to the best of my knowledge and that any misinformation could disqualify the auditing firms from qualification as an appointed auditor of an Insurance Company/Intermediary/Pension Administrator.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Use only:

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auditing Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No** | **Yes** | **If Yes, provide details** |
| **NAME:** |  |  |  |
| 1. Has financial relationship with insurer or insurance intermediary other than as a policyholder
 |  |  |  |
| 1. Is a Director, officer, employee or agent of the insurer or insurance intermediary or any subsidiary or other affiliates
 |  |  |  |
| 1. Has financial relationship with a director, officer, employee or agent of the insurer or insurance intermediary or of any of its subsidiaries or other affiliates
 |  |  |  |
| 1. Owns any share or other security of the insurer or insurance intermediary or beneficially owns or controls directly or indirectly , a material interest in the shares or other securities of the insurer or insurance intermediary or of any of its subsidiaries or other affiliates
 |  |  |  |
| 1. Has been a receiver, receiver-manager, liquidator, judicial manager or trustee in bankruptcy of the insurer or insurance intermediary or any subsidiary or other affiliate of the insurer or insurance intermediary within 2 years immediately preceding the appointment of the auditor, other than a subsidiary or affiliate acquired through a realization of security
 |  |  |  |

**Certification by Auditor**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby confirm that the information provided herein is true to the best of my knowledge and that any misinformation could disqualify the auditing firms from qualification as an appointed auditor of an Insurance Company/Intermediary/Pension Administrator.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Use only:

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auditing Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No** | **Yes** | **If Yes, provide details** |
| **NAME:** |  |  |  |
| 1. Has financial relationship with insurer or insurance intermediary other than as a policyholder
 |  |  |  |
| 1. Is a Director, officer, employee or agent of the insurer or insurance intermediary or any subsidiary or other affiliates
 |  |  |  |
| 1. Has financial relationship with a director, officer, employee or agent of the insurer or insurance intermediary or of any of its subsidiaries or other affiliates
 |  |  |  |
| 1. Owns any share or other security of the insurer or insurance intermediary or beneficially owns or controls directly or indirectly , a material interest in the shares or other securities of the insurer or insurance intermediary or of any of its subsidiaries or other affiliates
 |  |  |  |
| 1. Has been a receiver, receiver-manager, liquidator, judicial manager or trustee in bankruptcy of the insurer or insurance intermediary or any subsidiary or other affiliate of the insurer or insurance intermediary within 2 years immediately preceding the appointment of the auditor, other than a subsidiary or affiliate acquired through a realization of security
 |  |  |  |

**Certification by Auditor**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby confirm that the information provided herein is true to the best of my knowledge and that any misinformation could disqualify the auditing firms from qualification as an appointed auditor of an Insurance Company/Intermediary/Pension Administrator.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Use only: