

FORM

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RESERVE BANK OF FIJI
INSURANCE ACT 1998 (CAP 217) & EXCHANGE CONTROL ACT
(CAP 211)



FOR OFFICIAL USE ONLY

INSURANCE RELATED TRANSFERS

APPLICATION TO PLACE INSURANCE OFFSHORE / TRANSFER CURRENCY TO AN INSTITUTION RESIDENT OUTSIDE FIJI FOR INSURANCE RELATED BUSINESS

COMPLETE THE FORM CLEARLY USING BLOCK CAPITALS. SUBMIT THE FORM IN DUPLICATE

Give the name of the Bank and Branch in Fiji through which the transfer is to be effected

BANK _____

BRANCH _____

I/We the undersigned, hereby apply for permission to make the payments/offshore placement detailed below:

Full name and residential/business address of applicant	Full name and business address of beneficiary/offshore insurer (if more than one, please indicate percentage participation)
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Policyholder/policy details to include Name, Class, Period of cover and Sum Insured (indicate if for new/ renewal or endorsement)	Purpose for offshore placement/ remittance _____ _____ _____ _____ _____
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Gross Premium:	Non Resident Withholding Tax:	National Fire Service Levy:	Brokerage/ Commission:
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Name of Currency:	Amount to be Remitted:	Amount in Words:
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I/We certify that the above statements are true and the currency will be used solely for the purpose stated. Applicant /Brokers Company Stamp

Signature: _____

Date: _____

Stamp of the Bank verifying the applicant's signature If the application is for ANY RECURRING PAYMENT, PLEASE QUOTE PREVIOUS PERMIT NO.	<p><u>FOR OFFICIAL USE ONLY</u></p> <p>Application approved for \$ _____</p> <p>Valid for one month from _____</p> <p align="right">Signature _____</p> <p align="right">RESERVE BANK OF FIJI</p>
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Evidence: The Application should be supported by documentary evidence, the nature will vary according to the type of payment to be made. All supporting documents should be stamped by the applicants banker.