

INSURANCE ACT 1998
FORM 5

APPLICATION FOR APPROVAL OF APPOINTED AUDITOR

- I. Name of auditor :
- II. Street address of principal place of business :
.....
- III. Postal address :
.....
- IV. Firm auditor is employed by :
- V. Telephone No : Fax No :
- VI. Is the auditor a director, Principal Officer, manager, employee of, related to, or agent of any insurer or broker in the Fiji Islands, or elsewhere?:

Yes/No

If 'yes' give details :
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.....
- VII. Does the auditor hold a current certificate of practice issued by the Fiji Institute of Accountants?

Yes/No
- VIII. Provide details of auditor's qualifications and experience (*particularly in relation to insurance*) :
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- IX. Provide details of the reasons for any change in auditor (*applicable only to an application for a replacement auditor*):
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DECLARATION

I hereby declare that the above statements and details are correct and I understand and accept that any statement or detail found to be incorrect may result in prosecution under the Insurance Act 1998.

Signed on this day of in the year

.....
Name of Principal Officer

.....
Principal Officer's signature