

Fill in the form on your computer or legibly by hand.
 Sign the form and send in the original.

Skickas till | Send to
Bolagsverket
 851 81 Sundsvall

1. Anmälan gäller | Application for

<input type="checkbox"/> Registrering av anknuten försäkringsförmedlare Registration of tied insurance intermediary
<input type="checkbox"/> Ändring av tidigare registrerade uppgifter Changes of previous registered information (state type of change, e.g. address or change of mediation assignment)

2. Försäkringsföretag som förmedlaren är anknuten till | Insurance enterprise to which the intermediary is tied

Företagsnamn Business name		Organisationsnummer Registration number	
Postadress Postal address	Postnr Postcode	Postort Post town	
E-postadress E-mail address		Telefonnummer Phone number	
Kontaktpersonens förnamn och efternamn First name and surname of the contact person		Telefonnr Phone no. daytime	Deposit account no. (3 digits)

3. Anknuten försäkringsförmedlare | Tied insurance intermediary Natural person or legal entity.

Förnamn och efternamn eller företagsnamn First name and surname or business name		Pnr/org.nr Personal identity number/registration no.	
Postadress Postal address	Postnr Postcode	Postort Post town	
E-postadress E-mail address		Telefonnummer Phone number	

4. Försäkringsförmedlarens verksamhet | The business activities of the tied insurance intermediary

Direct	Indirect	Försäkringsslag Insurance category
<input type="checkbox"/>	<input type="checkbox"/>	Livförsäkring Life insurance
<input type="checkbox"/>	<input type="checkbox"/>	Skadeförsäkring Non-life insurance

Direct	Indirect	Försäkringsklasser Insurance classes
<input type="checkbox"/>	<input type="checkbox"/>	Ia. Livförsäkring Life insurance
<input type="checkbox"/>	<input type="checkbox"/>	Ib. Tilläggförsäkring till livförsäkring Supplementary policy to life insurance
<input type="checkbox"/>	<input type="checkbox"/>	II. Giftermåls- och födelseförsäkring Marriage and birth insurance
<input type="checkbox"/>	<input type="checkbox"/>	III. Försäkring anknuten till värdepappersfonder Insurance tied to mutual funds
<input type="checkbox"/>	<input type="checkbox"/>	IV. Lång olycksfall- och sjukförsäkring Extended accident and health insurance

5. Registreringsavgift | Registration fee Pay the fee when you submit the application. State "F" and personal identity number or the registration number when paying.

Betalt belopp Amount paid	Datum Date of payment	Betalningssätt Method of payment
		<input type="checkbox"/> Bank giro 5050-0255 <input type="checkbox"/> Plusgiro 95 06 08-0 <input type="checkbox"/> Cheque

Fortsättning 4. Försäkringsförmedlarens verksamhet | The business activities of the tied insurance intermediary

Direct	Indirect	Försäkringsklasser Insurance classes
<input type="checkbox"/>	<input type="checkbox"/>	1. Olycksfall Accident
<input type="checkbox"/>	<input type="checkbox"/>	2. Sjukdom Sickness/illness
<input type="checkbox"/>	<input type="checkbox"/>	3. Landfordon Land vehicles
<input type="checkbox"/>	<input type="checkbox"/>	4. Spårfordon Trackbound vehicles
<input type="checkbox"/>	<input type="checkbox"/>	5. Luftfartyg Aircrafts
<input type="checkbox"/>	<input type="checkbox"/>	6. Fartyg Ships
<input type="checkbox"/>	<input type="checkbox"/>	7. Godstransport Transport of goods
<input type="checkbox"/>	<input type="checkbox"/>	8. Brand och naturkrafter Fire and natural forces
<input type="checkbox"/>	<input type="checkbox"/>	9. Annan sakskada Other damage to property
<input type="checkbox"/>	<input type="checkbox"/>	10. Motorfordonsansvar Motor vehicles liability
<input type="checkbox"/>	<input type="checkbox"/>	11. Luftfartygsansvar Aircraft liability
<input type="checkbox"/>	<input type="checkbox"/>	12. Fartygsansvar Liability for ships
<input type="checkbox"/>	<input type="checkbox"/>	13. Allmän ansvarighet General liability
<input type="checkbox"/>	<input type="checkbox"/>	14. Kredit Credit
<input type="checkbox"/>	<input type="checkbox"/>	15. Borgen Suretyship
<input type="checkbox"/>	<input type="checkbox"/>	16. Annan förmögenhetsskada Miscellaneous financial loss
<input type="checkbox"/>	<input type="checkbox"/>	17. Rättsskydd Legal defence
<input type="checkbox"/>	<input type="checkbox"/>	18. Assistans Assistance
Direct	Indirect	Försäkringsgrupper Insurance groups
<input type="checkbox"/>	<input type="checkbox"/>	a. Olycksfalls- och sjukförsäkring Accident and health insurance
<input type="checkbox"/>	<input type="checkbox"/>	b. Motorfordonsförsäkring Motor vehicle insurance
<input type="checkbox"/>	<input type="checkbox"/>	c. Sjö- och transportförsäkring Marine and transport insurance
<input type="checkbox"/>	<input type="checkbox"/>	d. Luftfartsförsäkring Aviation insurance
<input type="checkbox"/>	<input type="checkbox"/>	e. Försäkring mot brand och annan skada på egendom Insurance against fire and other damage to property
<input type="checkbox"/>	<input type="checkbox"/>	f. Ansvarsförsäkring Liability insurance
<input type="checkbox"/>	<input type="checkbox"/>	g. Kredit- och borgensförsäkring Credit and suretyship insurance

6. Övrigt | Other matters

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7. Underskrift | Signature The form must be signed by an authorized signatory of the insurance enterprise. Important: Write in blue ink.

Datum Date	Namnteckning Signature	Namnförtydligande Clarification of signature
Datum Date	Namnteckning Signature	Namnförtydligande Clarification of signature

Information

Use this form when you want to register a tied insurance intermediary or report changes. When the matter has been registered we shall send you an extract from the register in Swedish. More information on www.bolagsverket.se.

The application for registration of a tied insurance intermediary must be made by the insurance enterprise to which the intermediary is tied.

1. Application for

Tick the boxes relevant for this application.

2. Insurance enterprise to which the intermediary is tied

Fill in name and address details for the insurance enterprise. Fill in name and phone number if you choose to have a contact person or an agent. Fill in the three-digit account number, if the agent has a deposit account with Bolagsverket and wants to use this for payment of the registration fee.

Attachments – if the insurance enterprise is a foreign insurance enterprise

- Certificate of registration or an equivalent document (certified copy) for the foreign insurance enterprise. The certificate should not be older than six months.
- A document showing the signatory power of the foreign insurance enterprise – if this information is not included in the certificate of registration or an equivalent document (certified copy).
- Information on notification (certified copy).

3. Tied insurance intermediary

Fill in personal and address details for the tied insurance intermediary.

4. The business activities of the tied insurance intermediary

Mark the categories of insurance, insurance classes and groups of insurance classes within which the insurance intermediary is going to work.

5. Registration fee

Fill in when and how you have paid the fee. To enable us to match the registration fee with your application you must state “F” and personal identity number or registration number when paying. The fee cannot be refunded once we have started the examination of your application.

6. Other matters

Fill in other information here. When changing assignments, state which category of insurance or insurance classes or groups of insurance the application is referring to.

7. Signature

An authorized signatory of the insurance enterprise must sign this form.

References

The Insurance Mediation Act (2005:405)

The Insurance Mediation Ordinance (2005:411)

Finansinspektionen’s (Financial Supervisory Authority) directions and general advice (FFFS 2005:11) on insurance mediation

Directions regarding changes (FFFS 2007:23) in Finansinspektionen’s directions and general advice (FFFS 2005:11) on insurance mediation