

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. 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)

**2. 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	

**3. Underskrift | Signature** The form must be signed by authorized signatories 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

**4. 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	Betalningssätt   Method of payment
		<input type="checkbox"/> Bank giro 5050-0255 <input type="checkbox"/> Plusgiro 95 06 08-0 <input type="checkbox"/> Cheque

## Information

Use this form when you want to deregister a tied insurance intermediary. When the matter has been registered we shall send you an extract from the register in Swedish. More information on [www.bolagsverket.se](http://www.bolagsverket.se).

### 1. 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.

### 2. Tied insurance intermediary

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

### 3. Signature

Authorized signatories of the insurance enterprise must sign this form.

### 4. 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.

## 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