



**Mwali International
Services Authority**

THE AUTONOMOUS ISLAND OF MWALI (MOHÉLI) REGISTRAR OF COMPANIES

INSURANCE LICENCE

CHANGE OR TERMINATION OF DIRECTOR

Name of Insurance Company:

.....

Company Registered No. : Insurance Licence No.:

Terminating Director Details

Name : Surname:

Resident Address:

.....

.....

Date of Birth (DD/MM/YYYY): Place of Birth:

Citizenship:

Date of termination (DD/MM/YYYY):

**ABOVE DIRECTOR THIS DAY RESIGN FROM THE POSITION OF THE PRESIDENT OF THE INSURANCE
COMPANY AND THE COMPANY APPOINT FOLLOWING NEW DIRECTOR:**

New Director Details

Name :..... Surname:.....

Resident Address:.....
.....
.....
.....

Tel:..... Fax:.....

Cellular:..... E-mail:.....

Date of Birth (DD/MM/YYYY):.....Place of Birth:.....

Citizenship:.....

Personal ID No.:.....Country of Issue:.....

Drivers Licence ID No.:.....Country of Issue:.....

Passport No.:.....Country of Issue:.....

Date of appointment (DD/MM/YYYY):.....

(Note: please attach to the application copy of passport or Government ID)

Business reference

Name of Company:.....

Address:.....
.....

Tel:..... E-mail:.....

Banking reference

Name of Bank:.....

Address:.....
.....

Tel:..... E-mail:.....

I/We applicants sworn and declare with full legal responsibility to the Mwali International Services Authority, Register of Companies and Offshore Insurance supervisory authority, that all submitted and filed information are true and correct and are approved by the Board of Directors or shareholders meeting.

Applicant Name and Surname:.....Position in the Company:.....

Applicant Signature:.....

Date of Application:..... Place of Application:.....