

## THE AUTONOMOUS ISLAND OF MWALI (MOHÉLI) REGISTRAR OF COMPANIES

## **INSURANCE LICENCE**

## **REGISTERED ADDRESS CHANGE**

Name of Insurance Company:
Current Registered Address:
Company Registered No.:Insurance Licence No.:
PLEASE CHANGE ABOVE REGISTERED ADDRESS TO FOLLOWING NEW REGISTERED ADDRESS
New Registered 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 aproved by the Board of Directors or shareholders meeting.
Applicant Name and Surname:Position in the Company:
Applicant Signature:
Date of Application: Place of Application: