ORDINANCE No. 67 of 04.07.2019 on the procedure for registering insurance intermediaries electronically

Promulgated - SG, No. 55 / 12.07.2019
Adopted by Decision No. 845-H of 04.07.2019 of the Financial Supervision Commission

General provisions

Art. 1. (1) This ordinance determines the order and manner of submitting documents for entry in the register under Art. 30, para. 1, item 12 of the Financial Supervision Commission Act (FSCA) of insurance intermediaries electronically.

(2) A request for registration of an insurance broker may be submitted in accordance with the procedure of this ordinance. Annexes and additional information to a request for registration of an insurance broker, submitted in accordance with this ordinance, may also be submitted in paper form.

(3) Request for registration of an insurance agent under Art. 319, para. 2, sentence one of the Insurance Code (IC) and request for registration of an intermediary offering insurance products under Art. 321b, para. 3 in connection with Art. 319, para. 2, sentence one of the IC, is submitted only in accordance with this ordinance.

(4) Request for registration of an insurance agent under Art. 319, para. 2, sentence two of the IC and of an intermediary offering insurance products under Art. 321b, para. 3 in connection with Art. 319, para. 2, two of the IC, may be is submitted in accordance with this ordinance. Annexes and additional information to a request for registration under sentence one, submitted in accordance with this ordinance, may also be submitted in paper form.

Registration of an insurance broker

Art. 2. A request for the registration of an insurance broker by e-mail is submitted according to the standard form annex No. 1.1 (for the legal entity applicants), respectively annex No. 1.2 (for the sole proprietor applicants) to this regulation. The request can also be submitted on the website of the Financial Supervision Commission by filling in a published standard form.

Registration of an insurance agent

Art. 3. (1) The submission of a request for entry of an insurance agent in the register under Art. 30, para. 1, item 12 of the FSCA, as well as for changing the circumstances entered in the agent's account, is carried out through the Online portal - Insurance agents and ancillary insurance intermediaries (Online portal).

(2) For submitting a request for registration of insurance agents and for making a change in circumstances entered in the register under Art. 30, para. 1, item 12 of the FSCA, the insurer and certain employees of the insurer are registered in the Online portal under para. 1. Registration and other requirements for using the portal are determined by the User Guide - Annex No. 3 to this ordinance.

(3) In order to establish the compliance of the person with whom the insurer intends to conclude an insurance agency contract with the requirements under Chapter Thirty-one of the IC, the insurer shall verify the relevant documents under Art. 307 of the IC, which establish the compliance with Art. 318, para. 1 of the IC. When no official documents are provided for the establishment of certain circumstances, they shall be established by a declaration from the person.

(4) After carrying out a verification under Art. 318, para. 1 of the IC the insurer through a registered employee under para. 2 submits a request for entry of an insurance agent in the register under Art. 30, para. 1, item 12 of the FSCA. The submission of the request for entry is considered a certification that the verification under Art. 318, para. 1 of the IC has been carried out and that the relevant person meets the requirements under Art. 318, para. 1 of the IC.

(5) The submission of requests for registration is carried out according to standard forms:
1. Annex No 4.1. Legal entity agents - adding new contracts;
2. Appendix No. 4.2. Sole proprietor agents - adding new contracts;
3. Appendix No 4.3. Natural person agents - adding new contracts.

(6) The submission of requests for registration if changes in the registered circumstances is carried out according to standard forms:

1. Annex No 4.4. Legal entity agents - termination/correction of contracts;
2. Annex No 4.5. Sole proprietor agents - termination/correction of contracts;
3. Annex No 4.6. Natural person agents - termination/correction of contracts;
4. Annex No 4.7. Legal entity agents - correction of the offered insurance, addition/removal;
5. Annex No 4.8. Sole proprietor agents - correction of the offered insurance, addition/removal;
6. Annex No 4.9. Natural person agents - correction of the offered insurance, addition/removal.

(7) The annexes under para. 5 and 6 are completed in accordance with the Instructions regarding the completion and submission of data on insurance agents to the Financial Supervision Commission - Annex No. 5. The nomenclature of insurers is determined by the Financial Supervision Commission and is published on the website. The content of "Classes of Insurance" is determined according to Annex No. 6.

(8) After attaching the request in the Online Portal, the system automatically checks its content. If irregularities are detected in filling in the information, the system refuses to validate the request, does not allow it to be signed and displays an error message.

(9) When the request is filled out correctly, the system validates its content and allows it to be signed with a qualified electronic signature and submitted.

(10) Upon successful submission of the request, the system registers it with a reference number and reflects the corresponding changes in the register under Art. 30, para. 1, item 12 of the FSCA.

Registration of ancillary insurance intermediaries

Art. 4. (1) The submission of a request for entry of an ancillary insurance intermediary in the register under Art. 30, para. 1, item 12 of the FSCA, as well as for changing registered circumstances, is carried out through the Online portal under Art. 3, para .1.

(2) For submitting a request for registration of an ancillary insurance intermediary and for making a change in circumstances entered in the register under Art. 30, para. 1, item 12 of the FSCA, the insurer and certain employees of the insurer are registered in the portal under Art. 3, para
1. Registration and other requirements for using the portal are determined by the User Guide - Annex No. 3 to this ordinance.

(3) In order to establish the compliance of the person with whom the insurer intends to conclude an insurance intermediation contract with the requirements under Chapter Thirty-one "a" in connection with Chapter Thirty-one of the IC, the insurer shall verify the relevant documents under Art. 307 of the IC, which establish the compliance with Art. 318, para. 1 of the IC. When no official documents are provided for the establishment of certain circumstances, they shall be established by a declaration from the person.

(4) After carrying out a verification under Art. 321b, para. 3 in connection with Art. 318, para 1 and Art. 321b, para. 1 and 2 of the IC the insurer through a registered employee under para. 2 submits a request for entry of an ancillary insurance intermediary in the register under Art. 30, para. 1, item 12 of the FSCA. The submission of the request for entry is considered a certification that the verification under Art. 321b, para. 3 in connection with Art. 318, para. 1 of the IC has been carried out and that the relevant person meets the requirements under Art. 318, para. 1 in connection with Art. 321b, para. 1 and 2 of the IC.

(5) The submission of requests for registration is carried out according to standard forms:

1. Annex No 7.1. Legal entity ancillary insurance intermediaries - adding new contracts;
2. Annex No. 7.2. Sole proprietor ancillary insurance intermediaries - adding new contracts;
3. Annex No 7.3. Natural person ancillary insurance intermediaries - adding new contracts.

(6) The submission of requests for registration if changes in the registered circumstances is carried out according to standard forms:

1. Annex No 7.4. Legal entity ancillary insurance intermediaries - termination/correction of contracts;

2. Annex No 7.5. Sole proprietor ancillary insurance intermediaries - termination/correction of contracts;

3. Annex No 7.6. Natural person ancillary insurance intermediaries - termination/correction of contracts;

4. Annex No 7.7. Legal entity ancillary insurance intermediaries - correction of the offered insurance, addition/removal;

5. Annex No 7.8. Sole proprietor ancillary insurance intermediaries - correction of the offered insurance, addition/removal;

6. Annex No 7.9. Natural person ancillary insurance intermediaries - correction of the offered insurance, addition/removal.

(7) The annexes under para. 5 and 6 are completed in accordance with the Instructions regarding the completion and submission of data on ancillary insurance intermediaries to the Financial Supervision Commission - Annex No. 8. The nomenclature of insurers is determined by the Financial Supervision Commission and is published on the website. The content of "Classes of Insurance" is determined according to Annex No. 6.

(8) After attaching the request in the Online Portal, the system automatically checks its content. If irregularities are detected in filling in the information, the system refuses to validate the request, does not allow it to be signed and displays an error message.

(9) When the request is filled out correctly, the system validates its content and allows it to be signed with a qualified electronic signature and submitted.

(10) Upon successful submission of the request, the system registers it with a reference number and reflects the corresponding changes in the register under Art. 30, para. 1, item 12 of the FSCA.

Supervision

Art. 5. (1) When submitting the requests under Art. 3 and 4 the insurer fills in the required information truthfully, accurately and comprehensively.

(2) The Financial Supervision Commission, respectively its Deputy Chairperson in charge of the Insurance Supervision Department, within the scope of his powers, supervises compliance with the obligations of the insurer in connection with the registration of insurance agents and ancillary insurance intermediaries.

Registration of an insurance agent or of an ancillary insurance intermediary, carrying out intermediation for insurers from other Member States of the European Union and operating in the Republic of Bulgaria under the freedom to provide services

Art. 6. A request for the registration of an insurance agent or of an ancillary insurance intermediary, carrying out intermediation for insurers from other Member States of the European Union and operating in the Republic of Bulgaria under the freedom to provide services, is submitted by e-mail according to standard form Annex No. 9.1 (for legal entities) or Annex No. 9.2 (for sole proprietors) or annex No. 9.3 (for natural persons) to this ordinance. The request can also be submitted on the website of the Financial Supervision Commission by filling in a published standard form.

Administrative penal provision

Art. 7. (1) Persons who have committed violations of the ordinance, as well as persons who have allowed violations of this ordinance to be committed, shall be penalized pursuant to Art. 644 of the IC.

(2) Acts for the detected violations of the ordinance are drawn up by officials authorized by the Deputy Chairperson, and the penal decrees are issued by the Deputy chairperson.

(3) The detection of violations, the issuance, appeal and execution of the penal decrees are carried out according to the Administrative Violations and Penalties Act.

Supplementary provisions

§ 1. (1) All documents in a foreign language submitted in accordance with this ordinance shall meet the requirements of § 3 of the additional provisions of the IC.

(2) The standard forms under this ordinance shall be completed in Bulgarian, and in electronic form shall be signed with a qualified electronic signature in accordance with the Electronic Documents and

Electronic Certification Services Act.

§ 2. When submitting a request for registration of an insurance broker or an insurance agent under Art. 319, para. 2, sentence two of the IC by e-mail, the standard forms according to the ordinance are used, the order according to the Electronic Government Act is applied, and the e-mail address for submitting the applications is announced on the website of the FSC. When submitting a request for registration of an insurance broker or an insurance agent under Art. 319, para. 2, second sentence of the IC on paper, the samples according to the regulation can be used.

Transitional and final provisions

§ 3. (1) For two months after the date of the ordinance becoming effective, requests under Art. 3 for entry into the Online Portal are submitted in accordance with Order No. 198 of 27.06.2017 of the Deputy Chairperson in charge of the Insurance Supervision Department.

(2) For two months after the date of the ordinance becoming effective, requests under Art. 4 are submitted by e-mail with a qualified electronic signature with the requisites according to Annex No. 7, in compliance with the instructions according to Annex No. 8.

§ 4. In Ordinance No. 15 of 2004 on the keeping and storage of registers by the Financial Supervision Commission and on the circumstances subject to entry (promulgated, SG No. 54 /2004; amended No. 15 /2005; amended and supplemented, No. 12 and 41 /2006, No. 22 /2007, No. 63 and 68 /2008; amended No. 13 /2009, No. 49 /2010; amended and supplemented, No. 68 and 90 /2014, No. 95 /2017, No. 101 / 2018) the following amendments and additions are made:

1. Art. 2 item. 14 is amended as follows:

"14. insurance brokers, insurance agents and ancillary insurance intermediaries;".

2. In Art. 4, para. 3 after the words "Commercial Register" is added "and register of non-profit legal entities".

3 In Art. 14, para. 1, item 26 after the words "Commercial Register" is added "and register of non-profit legal entities".

4. In Art. 17, para. 5 after the words "Commercial Register" is added "and register of non-profit legal entities".

5. In Art. 25 the following amendments are made:

a) in para. 1, item 20 the word "type" is replaced by "class";

b) in para. 3, item 3 the word "types" is replaced by "classes";

c) in para. 4, item 1 the word "types" is replaced by "classes".

6. The heading of section X is amended to read:

"Circumstances subject to entry in the register of insurance brokers, insurance agents and ancillary insurance intermediaries subject to registration".

7. In Art. 27:

a) in para. 3:

aa) in the main text after the words "legal entities" is added "and legal entity ancillary insurance intermediaries,";

bb) items 1 and 2 is amended as follows:

"1. the name, headquarters and address of management of the insurer under Art. 315, para. 1 of the IC, with whom the insurance agent, respectively the ancillary insurance intermediary, has a contract (for insurers from the register under Art. 30, para.1, item 9 of the IC only the name is entered), the date of conclusion, respectively the date of termination of the contract, as well as the classes of insurance for which it offers intermediation services;

1. the data under item 1 for other insurers, with which the insurance agent, respectively the ancillary insurance intermediary, has a contract in accordance with Art. 315, para.2 of the IC , the date of conclusion, respectively the date of termination of the contract, as well as the classes of insurance for which it offers intermediation services;"

bb) item 4 is amended as follows:

"4. the name of the insurer with which the insurance agent, respectively the ancillary insurance intermediary, is insured in accordance with Art. 316, para. 2 of the IC, and the term of the insurance, respectively the declaration from the insurer for whom the insurance agent, respectively the ancillary insurance intermediary mediates, to assume full responsibility for his actions as an intermediary, the date of No. and its term, if the declaration is valid for a specific period;"

dd) in item 5 after the words "the insurance agent" a comma is added and "respectively, the ancillary insurance intermediary";

dd) in item 6 after the words "the insurance agent" a comma is added and "respectively, the ancillary insurance intermediary";

ee) in item 7 after the words "the insurance agent" a comma is added and "respectively the ancillary insurance intermediary,";

b) para. 4 is amended as follows:

"(4) For insurance agents, respectively ancillary insurance intermediaries who are sole proprietors, the relevant circumstances under Art. 14, as well as the circumstances under para. 3 are entered in the register."

c) in para. 5:

aa) in the main text after the words "natural persons" is added "and natural person ancillary insurance intermediaries,";

ee) in item 3 after the words "the insurance agent" a comma is added and "respectively the ancillary insurance intermediary,";

d) in para. 6:

aa) the main text is amended as follows:

"(6) For insurance intermediaries, respectively for ancillary insurance intermediaries from another Member State, the following shall be entered in the register:";

bb) item 5 is amended as follows:

"5. the name of the insurer (insurers), on whose behalf and on whose account the intermediary carries out mediation - for insurance intermediaries, respectively ancillary insurance intermediaries, which are tied to one or more insurers;"

cc) in item 6 the word "insurance" is deleted;

e) para. 8 is amended as follows:

"8. Art. 14 does not apply to intermediaries. Art. 14, para. 1, items 7-21 do not apply to insurance agents and ancillary insurance intermediaries under para. 3-5."

§ 5. (1) This ordinance has been adopted on the grounds of Art. 296, para. 8 of the Insurance Code (IC).

(2) Based on Art. 5, para. 4 of Ordinance No. 15 of 2004 on the keeping and storage of registers by the Financial Supervision Commission and on the circumstances subject to entry, this Ordinance defines mandatory electronic registration forms for applications for registration of insurance brokers on the Internet. Pursuant to Art. 4, para. 4 and Art. 5, para. 4 of Ordinance No. 15 of 2004 on the keeping and storage of registers by the Financial Supervision Commission and on the circumstances subject to entry, this Ordinance determines that the entries in the register of insurance agents and ancillary insurance intermediaries under Art. 319, para. 2, sentence one of the Insurance Code, and changes in these entries are made entirely electronically, and defines mandatory electronic registration forms for these entries.

(3) the Ordinance is adopted by Decision No. 845-H of 04.07.2019 of the Financial Supervision Commission

Chairperson: Boyko Atanasov

Annex No 1.1 to Art. 2:

Request for registration of a legal entity insurance broker

TO THE FINANCIAL SUPERVISION COMMISSION

REQUEST FOR REGISTRATION
OF AN INSURANCE BROKER
UNDER ART. 307, PARA 1 OF
THE INSURANCE CODE

From ....,
(name of the applicant)   (legal organizational form)
UIC or BULSTAT code ....
. ... …………………………………..,
LEI code (if available) ....
. ... …………………………………..,
with seat of business ....,
management address...
. ... …………………………………...
represented by ....………………………..
....
. ... ,
(names of the applicant's legal representative or proxy according to an identity document)
PIN/IN/PFN…………………………………………..
correspondence address .... ……………………………………,
telephone…………………………., fax…………………………………*(if available),*
e-mail...   ,
Web-site ....
(if available).
Notes: Filling in each field is mandatory. When the field is marked as "if available", if the relevant information is not available, enter "NA".

DEAR LADIES AND GENTLEMEN,

    I would like the legal entity I represent to operate as an insurance broker and I request said legal entity to be entered in the register under Art. 30, para. 1, item 12 of the Financial Supervision Commission Act.

I. GENERAL INFORMATION ABOUT THE LEGAL ENTITY FOR REGISTRATION PURPOSES:

1. list of headquarters and addresses of offices and branches (according to Annex No. 2): .....
2. date of incorporation: ....
3. method of incorporation: ....
4. objects: ....
5. duration of incorporation: .. *(if any)*
6. capital amount: ....
7. number of shares: ....
8. nominal value per share: ....
9. type, classes of shares and rights under them, including special rights and privileges, if such are provided for *(for joint-stock companies and partnerships limited by shares)*:
....
....
10. procedure for transfer of the shares: ....
....
11. manner of representation: ....
....
12. management and control bodies: ....
....

13. names of members of control bodies (for legal entity members: name, UIC, headquarters, address of management):

....

....

14. names of natural persons who represent the legal entities as members of the control bodies:

....

15. other FSC registers in which the entity is recorded:

....

....

Note: Filling in each field is mandatory. When the information is not applicable to the relevant legal entity, enter "NA".

II. INFORMATION FOR EVALUATING ENTRY REQUIREMENTS

1. Declarations:

1.1. the legal entity I represent, the members of its management and control bodies, the other persons authorized to manage and represent it, and the appointed employees who are directly expected to be engaged in insurance mediation activities, do not perform activities as an insurance agent;

1.2. the company (cooperative) I represent is not a partner, shareholder or member of the management body of a legal entity that is an insurance agent.

2. Members of the management body of the legal entity I represent, and the other persons authorized to manage or represent it are:

Number	Names/designation according to identity document/registration	Legal entity (yes/no)	Personal number	Type of personal number (PIN/PN/PFN/UIC, when otherwise, to be specified explicitly)	Title	Designated to be responsible for and manage the activity of distribution of insurance products (yes/no)

Notes: 1. The row in the table should be copied and filled in as many times as there are persons to be announced. Filling in each cell is mandatory.

2. The following are subject to announcement: the members of management bodies, the members of control bodies; procurators, commercial proxies; other persons who, by virtue of law, articles of association or other founding act, have the authority to manage or represent the company (persons with representative authority by virtue of a power of attorney are not subject to announcement).

3. When a legal entity is entered in a row, the following rows should be marked with a row number that is derived from the number of the previous row (e.g. 1.1, 1.2, 1.3, etc.), listing the members of the management body of the legal entity – a member of the management body of the entity in the row above.

3. The persons in managerial positions responsible for carrying out distribution of insurance products are:

Number	Names according to identity document	Personal number	Type of personal number (PIN/PN/PFN, when otherwise, to be specified explicitly)	Title

Note: The row in the table should be copied and filled in as many times as there are persons to be announced. Filling in each cell is mandatory. When the information is not applicable, enter "NA".

4. Guarantees for fulfillment of obligations and liability

The legal entity I represent chooses to guarantee the fulfillment of its obligations under Art. 306, para. 1 of the Insurance Code with:

4.1. Own funds (yes/no)	
Amount of own funds	

4.2. Customer account(s) (yes/no)	
IBAN	Bank/Branch

Note: Filling in each cell is mandatory. When the information is in the relevant cells not applicable to the relevant legal entity, enter "NA". When item 4.2 is filled in, the row in the tables should be repeated and filled in as many times as there are customer accounts subject to announcement.

The liability of the legal entity I represent is guaranteed through:

4.3. Insurance under Art. 305 of the IC				
UIC or BULSTAT code of the insurer	Name of the insurer	Policy number	Commencement date of coverage under the policy	End date of coverage under the policy

Note: Filling in each cell is mandatory.

5. Partners/shareholders holding shares of or over 10 percent in the applicant's company:

Number	Names/designations according to identity document/registration	Legal entity (yes/no)	Personal number	Type of personal number (PIN/PN/PFN/UIC, when otherwise, to be indicated explicitly)	Participation as a percentage

Note: The row in the table should be copied and filled in as many times as there are partners/shareholders to be announced. Filling in each cell is mandatory. When the information is not applicable, enter "NA". When a personal number issued in a country other than the Republic of Bulgaria is specified, in the column for the type of personal number, the country of issuance of the identity document of the natural person, respectively of registration of the legal entity, should also be indicated.

6. Persons who have close links with the applicant:

Number	Names/designations according to identity document/registration	Legal entity (yes/no)	Personal number	Type of personal number (PIN/PN/PFN/UIC, when otherwise, to be indicated explicitly)	Type of links

Notes: The row in the table should be copied and filled in as many times as there are persons to be announced.

Close links exist in each of the following cases between the applicant and:

a) any person who controls it (indicate all persons in the chain of control without the persons indicated in the table under item 5);

b) any person who, directly or through control, owns a 20 percent or more stake in the applicant's capital or voting rights (indicate all persons in the chain of control without the persons specified in the table under item 5);

c) any person that the applicant controls directly or indirectly (indicate all persons in the chain of control up to the final controlled undertaking);

d) any person in which the applicant owns a participation of 20 percent or more in the capital or in the voting rights directly or through companies controlled by him;

e) any person with whom the applicant jointly controls a third person.

When a personal number issued in a country other than the Republic of Bulgaria is specified, in the column for the type of personal number, the country of issuance of the identity document of the natural person, respectively of registration of the legal entity, should also be indicated.

Filling in each cell is mandatory. When the information is not applicable, enter "NA".

7. The beneficial owner (UBO) of the company I represent is:

Number	Names according to identity document	Personal number	Type of personal number (PIN/PN/PFN, when otherwise, to be specified explicitly)	Title

Note: The row in the table should be copied and filled in as many times as there are persons to be announced. Filling in each cell is mandatory.

8. I have paid a fee for consideration of the documents.

9. I am attaching the following documents to the request:

9.1.   articles of association, memorandum of incorporation or statute (as relevant, and the application can also be submitted by referring to the current document available in the commercial register);

9.2.   declarations under Art. 303, para. 1, items 3 and 4 of the IC for legal entity applicants;

9.3.   declarations under Art. 303, para. 1, item 1, 2, 3 and 4 of the IC for

a) each member of the management body of the legal entity applicant;

b) any other person authorized to manage or represent the legal entity applicant,

c) any member of the governing body of a legal entity – member of the governing body of the legal entity applicant who represents him in the governing body of the applicant;

9.4.   a decision of a competent body of the applicant according to the law and the founding act of the applicant to designate one person (or more persons), a member of the management body of the applicant, or another person authorized to manage or represent the applicant - to be responsible for and to manages the distribution of insurance services, if such a decision is adopted;

9.5.   a certified copy of a diploma for higher education degree, evidence of acquired professional experience in the field of insurance, as well as completed training under Art. 303, para. 2, item 1 of the IC or a declaration of a successfully passed exam under Art. 303, para. 2, item 2 of the IC:

a) for each person determined by the decision under item 9.4, when a decision under item 4 is submitted;

b) when no decision has been submitted under item 9.4: aa) for each member of the management body of the applicant;

bb) for any other person authorized to manage or represent the applicant;

cc) for any member of the management body of a legal entity - member of the management body of the applicant, who represents him in the administrative body of the legal entity applicant;

9.6.   a list of data on the addresses of the offices or branches where the insurance mediation activity will be carried out, according to Annex No. 2;

9.7.   evidence of owning own funds under Art. 306, para. 1, item 1 of the IC (when the applicant has chosen this way to guarantee the fulfillment of its obligations);

9.8.   a certificate from the relevant bank operating in the Republic of Bulgaria for each separate customer account under Art. 306, para. 1, item 2 of the IC (when the applicant has chosen this way to guarantee the fulfillment of its obligations);

9.9.   contract for compulsory Insurance under Art. 305 of the IC;

9.10.   declarations certifying the absence of circumstances under Art. 310, para. 1 and 2 of the IC;

9.11.   when the persons under items 5 and 6 of the registration request above reside or are registered in third countries, information about the laws, by-laws and administrative regulations applicable to them in third countries;

9.12.   declaration that the persons under Art. 307, para. 1, items 8 and 9 of the IC (the persons under items 5 and 6 of the request for registration above), including the legal, regulatory or administrative provisions of a third country regulating the activity of one or more natural or legal persons, with which the insurance broker has close links, do not prevent the effective exercise of the supervisory functions of the FSC or the Deputy Chairperson in charge of the Insurance Supervision Division;

9.13.   power of attorney when a proxy submits the request.

Notes: 1. for Bulgarian citizens – a declaration of lack of convictions, respectively information on convictions, is given only for convictions in a country other than the Republic of Bulgaria;

2.for Bulgarian citizens, when information is provided about imposed administrative penalties or applied coercive administrative measures and they are reflected in a public register, only the public register in which they are reflected is indicated;

3.when the diploma for completed higher education is issued in the Republic of Bulgaria and is registered in a public register, the number, date and issuer of the diploma for higher education are indicated;

4.under each subsection of the annexes to the request, the following is indicated:

–   selecting the option "Attach a document" - to submit an application as an attachment;

–   selecting the option "By reference", when referring to existing registers or officially known information; free text is filled in; - selecting the option "No attachment" - when the annex is not submitted;

5.when submitting the application by filling in a form on the FSC's website, the described annexes are attached to the form; when the application is submitted by e-mail, the described attachments are attached to the e-mail;

6.annexes may be submitted in free format (when the documents contain a signature, they may be submitted as scanned copies of documents signed on paper or as files signed with an electronic signature).

I declare the authenticity of the originals of the attached copies of documents.

I am aware of the responsibility under Art. 313 of the Criminal Code.

DATE: ………………………….   REPRESENTATIVE: …………………….

(Name and signature)

Note: When submitting the request electronically, the name of the representative is filled in and the document is signed with a qualified electronic signature. When submitting the request by e-mail, the e-mail is also signed with a qualified electronic signature.

Annex No 1.2 to Art. 2

Request for registration of a sole proprietor insurance broker

TO THE FINANCIAL
SUPERVISION COMMISSION

REQUEST FOR REGISTRATION
OF AN INSURANCE BROKER
UNDER ART. 307, PARA 1 OF
THE INSURANCE CODE

By ....,
   (names of the individual Sole proprietor, according to an identity document)
PIN/PN/PFN ....,
acting as .... ,
(name of sole proprietor)
UIC,
with seat of business ....,
management address ....,
correspondence address ....,
telephone…………., fax.......... *(if available),*
e-mail ....   ,
Web-site ......
   . *(if available)*
 represented by   ....
   (Names of the proxy according to identity document)
 . *(if the application is submitted by a proxy)*
Note: Filling in each field is mandatory. When the field is marked as "if available", if the relevant information is not available, enter "NA".

DEAR LADIES AND GENTLEMEN,

   I would like to operate as an insurance broker and I request to be entered in the register under Art. 30, para. 1, item 12 of the Financial Supervision Commission Act.

   I. GENERAL INFORMATION ABOUT THE SOLE PROPRIETOR FOR REGISTRATION PURPOSES:

   1. list of headquarters and addresses of offices and branches (according to Annex No. 2): ....

   2. other FSC registers in which the entity is recorded: ....
Note: When the information under item 2 is not applicable to, enter "NA".

   II. INFORMATION FOR EVALUATING ENTRY REQUIREMENTS

   1. Declarations:

   1.1. the undersigned sole proprietor, the other persons authorized to manage and represent my undertaking, and the appointed employees who are expected to be immediately engaged in the business of insurance mediation, do not act as an insurance agent;

   1.2. I am not a partner, shareholder or member of the management body of a legal entity that is an insurance agent.

   2. Other persons authorized to manage or represent my undertaking are:

Number	cording to identity document	Personal number	Type of personal number (PIN/PN/PFN, when otherwise, to be specified explicitly)	Title

   Notes: 1. The row in the table should be copied and filled in as many times as there are persons

to be announced. Filling in each cell is mandatory.

2. The following are subject to announcement: procurators and commercial representatives of the sole proprietor.

3. The persons in managerial positions responsible for carrying out distribution of insurance products are:

Number	Names according to identity document	Personal number	Type of personal number (PIN/PN/PFN, when otherwise, to be specified explicitly)	Title

Note: The row in the table should be copied and filled in as many times as there are persons to be announced. Filling in each cell is mandatory.

4. Guarantees for fulfillment of obligations and liability:

I choose to guarantee the fulfillment of my obligations under Art. 306, para. 1 of the Insurance Code with:

4.1. Own funds (yes/no)	
Amount of own funds	

4.2. Customer account(s) (yes/no)	
IBAN	Bank/Branch

Note: Filling in each cell is mandatory. When the information is in the relevant cells not applicable to the sole proprietor, enter "NA". When item 4.2 is filled in, the row in the tables should be repeated and filled in as many times as there are customer accounts subject to announcement.

The liability of the trader I represent is guaranteed through:

4.3. Insurance under Art. 305 of the IC				
UIC or BULSTAT code of the insurer	Name of the insurer	Policy number	Commencement date of coverage under the policy	End date of coverage under the policy

Note: Filling in each cell is mandatory.

5. Persons with close links with the applicant:

Number	Names/designations according to identity document/registration	Legal entity (yes/no)	Personal number	Type of personal number (PIN/PN/PFN/UIC, when otherwise, to be specified explicitly)	Type of link

Notes: 1. The row in the table should be copied and filled in as many times as there are persons to be announced.

2. Close links exist in each of the following cases between the applicant and:

a) any person that the applicant controls directly or indirectly (indicate all persons in the chain of control up to the final controlled undertaking);

b) any person in which the applicant owns a participation of 20 percent or more in the capital or in the voting rights directly or through companies controlled by him;

c) any person with whom the applicant jointly controls a third person.

3. When a personal number issued in a country other than the Republic of Bulgaria is specified, in the column for the type of personal number, the country of issuance of the identity document of the natural person, respectively of registration of the legal entity, should also be indicated.

Filling in each cell is mandatory. When the information is not applicable, enter "NA".

6. I have paid a fee for consideration of the documents.

7. I am attaching the following documents:

7.1. declarations under Art. 303, para. 1, items 1- 4 of the IC for: a) the applicant;

b) for any other person authorized to manage or represent the applicant's undertaking;

7.2. a certified copy of a diploma for higher education degree, evidence of acquired professional experience in the field of insurance, as well as completed training under Art. 303, para. 2, item 1 of the IC or a declaration of a successfully passed exam under Art. 303, para. 2, item 2 of the IC:

a) for the sole proprietor applicant;

b) for any other person authorized to manage or represent the applicant's undertaking;

c) for any person in a managerial position in the sole proprietor applicant's undertaking, responsible for carrying out distribution of insurance products;

7.3. a list of data on the addresses of the offices or branches where the insurance mediation activity will be carried out, according to Annex No. 2;

7.4. evidence of owning own funds under Art. 306, para. 1, item 1 of the IC (when the applicant has chosen this way to guarantee the fulfillment of its obligations);

7.5. a certificate from the relevant bank operating in the Republic of Bulgaria for each separate customer account under Art. 306, para. 1, item 2 of the IC (when the applicant has chosen this way to guarantee the fulfillment of its obligations);

7.6. contract for compulsory Insurance under Art. 305 of the IC;

7.7. declarations certifying the absence of circumstances under Art. 310, para. 1 and 2 of the IC;

7.8. declaration that the persons under Art. 307, para. 1, item 9 of the IC (the persons from the list under item 5 of the request for registration above), including the legal, regulatory or administrative provisions of a third country regulating the activity of one or more natural or legal persons, with which the insurance broker has close links, do not prevent the effective exercise of the supervisory functions of the FSC or the Deputy Chairperson in charge of the Insurance Supervision Department;

7.9. when the persons under Art. 307, para. 1, item 9 the IC (the persons under from the lists under item 5 of the registration request above reside or) are registered in third countries, information about the laws, by-laws and- regulations applicable to them in third countries.

Notes: 1. For Bulgarian citizens – a declaration of lack of convictions, respectively information on convictions, is given only for convictions in a country other than the Republic of Bulgaria.

2. For Bulgarian citizens, when information is before about imposed administrative penalties or applied coercive- measures and they are reflected in a public register, only the public register in which they are reflected is indicated.

3. When the diploma for completed higher education is issued in the Republic of Bulgaria and is registered in a public register, the number, date and issuer of the diploma for higher education are indicated.

4. Under each subsection of the annexes to the request, the following is indicated:

– selecting the option "Attach a document" - to submit an application as an attachment;

– selecting the option "By reference", when referring to existing registers or officially known information; free text is filled in;

– selecting the option "No attachment" - when the annex is not submitted;

5. When submitting the application by filling in a form on the FSC's website, the described attachments are attached to the form. When submitting the application by e-mail, the described attachments are attached to the e-mail.

6. Annexes may be submitted in free format (when the documents contain a signature, they may be submitted as scanned copies of documents signed on paper or as files signed with an electronic signature).

I declare the authenticity of the originals of the attached copies of documents.

I am aware of the responsibility under Art. 313 of the Criminal Code.

DATE: _____ APPLICANT: _____

(Name and signature)

Note: When submitting the request electronically, the name of the representative is filled in and the document is signed with a qualified electronic signature.

When submitting the request by e-mail, the e-mail is also signed with a qualified electronic signature.

Annex No 2

List of data on the addresses of the applicant's offices or branches and the offices and branches where the insurance mediation activity will be taking place

The activity of insurance mediation by ....

.... UIC , will be carried out at the following addresses of offices and branches:

№ by sequence	Settlement	Address	Phone number	E-mail address (if applicable)	Insurance mediation will be taking place in the office/branch (yes/no)

Note: The row should be repeated according to the number of offices/branches in which the activity will be taking place. Filling all cells is mandatory. When the information is not applicable, enter "NA".

I am aware of the responsibility under Art. 313 of the Criminal Code.

Representatives: ……...........................………….

(Name, surname and signature)

Annex No 3 to Art. 3, para 2:

ONLINE PORTAL – INSURANCE AGENTS AND ANCILLARY INSURANCE INTERMEDIARIES USER GUIDE

I. Nature and purpose of the system

The Portal for Insurance Agents and Ancillary Insurance Intermediaries (Portal for Insurance Agents and AII) is a specialized website allowing registered insurance companies to submit periodic information to the Financial Supervision Commission related to insurance agents and ancillary insurance intermediaries.

II. Requirements for using the system

Using the system imposes certain requirements that companies shall fulfill:

1. Registration of the relevant company in the database of the Portal for Insurance Agents and AII.

2. Registration of certain employees of the company who are authorized to submit periodic information to the Financial Supervision Commission by means of an Application for registration of an electronic certificate. The application for registration of an electronic certificate is completed, signed, stamped and a scanned copy is sent to e-mail: delovodstvo@fsc.bg. The Financial Supervision Commission provides registered companies with usernames and passwords for each authorized user.

3. Possession of a valid certificate of qualified electronic signature for the registered authorized employees:

– The certificate shall have been issued by one of the publishers licensed by the Commission for the Regulation of Communications in Bulgaria;

– The certificate shall be issued to the specific employee, but as an employee of the company with the UIC of the company included;

– The certificate shall be installed on the workstations of the specific employees.

4. Windows Internet Explorer (version 10 or 11) or Mozilla Firefox browser.

5. Required settings to work with Internet Explorer 10 and 11.

5.1. CAPICOM 2.1.0.2

CAPICOM is a Microsoft software library that serves to create a digital signature for payment orders using your digital certificate. The component is most likely included in the installation package of your electronic signature.

Make sure you follow all the steps to install your Internet Explorer electronic signature provided by your Universal Electronic Signature provider.

5.2. Add the website to Trusted Sites

· Start the Internet Explorer browser.

· From the Tools menu, select Internet Options.

· Select Security, then Trusted Sites.

Select Sites.

· In Add this web site to the zone, you see the address of the webpage "Electronic register of the FSC - Insurance agents".

· Select Add. The address of "Electronic register of the FSC - Insurance agents" falls into the "Trusted sites" zone of the browser.

· Select OK (or Close).

· Select OK to close Internet Options.

5.3. Change of settings to Trusted Sites

· Start the Internet Explorer browser.

· From the Tools menu, select Internet Options.

· Select Security, then Trusted Sites.

· Select Default level. This will reset the browser to its factory settings. If the button is inactive, it means that the factory settings are already selected.

6. Required settings to work with Mozilla Firefox 36

6.1. signTextJS

signTextJS is a software add-on to Mozilla Firefox that serves to create a digital sub- for payment orders using your digital certificate in Mozilla Firefox. The component is most likely included in the installation package of your electronic signature.

Make sure you follow all the steps to install your electronic signature for Mozilla Firefox provided by your Universal Electronic Signature provider. If the signTextJS add-on is not included in the instructions,

you can download it from addons.mozilla.org.

III. Login to the system

The initial registration of users is carried out on the website of the FSC, section e-Portals, FSC – Insurance agents and AII.

The entry of supervised persons into the system is carried out on the website of the FSC, section e-Portals, FSC – Insurance agents and AII. The links to the public parts of the Register of Insurance Agents and the Register of Ancillary Insurance Intermediaries can be found on the website of the FSC, Register and References, Electronic register and Index.

IV.   User profile

After logging into the system using the username and password provided by the Financial Supervision Commission and using a universal electronic signature certificate, the portal's home page opens on the screen.

In the different pages, insurance companies may encounter the following options:

7. Submitting data

7.1. Submitting data for insurance agents:

Submitting data for:

– Legal entity agents– adding new contracts;

– Legal entity agents– termination/correction of contracts;

– Legal entity agents– correction of the offered insurance, addition/removal;

– Sole proprietor agents– adding new contracts;

– Sole proprietor agents– termination/correction of contracts;

– Sole proprietor agents– correction of the offered insurance, addition/removal;

– Natural person agents– adding new contracts;

– Natural person agents– termination/correction of contracts;

– Natural person agents - correction of the offered insurance, addition/removal;

Applications submitted

– To display a list of all successful and unsuccessful attempts to submit periodic information through the portal.

Insurance agents

– To retry submitting information after a failed submission.

Current data for insurance agents

– Active contracts

– Expired contracts

7.2. Submitting data for ancillary insurance intermediaries:

Submitting data for:

– Legal entity ancillary insurance intermediaries (AII) - Addition of new contracts;

– Legal entity AII– termination/correction of contracts;

– Legal entity AII– correction of the offered insurance, addition/removal;

– Sole proprietor AII– adding new contracts;

– Sole proprietor AII– termination/correction of contracts;

– Sole proprietor AII– correction of the offered insurance, addition/removal;

– Natural person AII– adding new contracts;

– Natural person AII– termination/correction of contracts;

– Natural person AII– correction of the offered insurance, addition/removal;

Applications submitted

– To display a list of all successful and unsuccessful attempts to submit periodic information through the portal.

Ancillary insurance intermediaries

– To retry submitting information after a failed submission.

Current data for ancillary insurance intermediaries

– Active contracts

– Expired contracts

Log out

– To log out.

8. Submitting information

When submitting the information, it is necessary to follow the Instructions for completion

IMPORTANT: The attached file shall meet the following conditions:

– The base file shall be in .txt format

– The content of the base file shall be filled in according to the templates approved by the Financial Supervision Commission, observing all the rules for data validity

After the file is attached, the system verifies its contents. If the file type is invalid, an error is immediately displayed. With a valid file type, the system allows the information to be signed and submitted to the FSC. If errors are found, the system DOES NOT display a reference number and submission is not successful. To correct the errors, it is necessary to choose a new submission of information with corrected fields. If the verifications are passed successfully, the system displays a reference number, and the submission of information is successful.

The Status of Submitted Circumstances option can be used to review previously submitted information.

Annex No 4.1
"Legal entity agents– adding new contracts" under Art. 3, para. 5

Insurer CODE*	Name of insurance agent*	legal organizational form of insurance agent*	UIC or BULSTAT code of the insurance agent*	LEI code	seat of the insurance agent*		address of the offices where mediation is carried out*		Correspondence address of the agent*	representative of the insurance agent*					Consent of the first insurer according to Art. 315, para. 2 of the IC*	insurance agency contract*			Verification under Art. 318, para. 1 of the IC;	Professional Liability insurance			declaration under Art. 316, para. 4 of the IC		special customer account, according to Art. 316, para. 5 of the IC			own capital, according to Art. 316, para. 5 of IC	account of an insurance company, according to Art. 316, para. 7 of the IC		passed examination under Art. 317 of the IC (fill in "yes" for passed examination)*	Member States in which the agent operates under the right of establishment	Member States in which the agent operates under the freedom to provide services	insurance classes*		
										NP		LE																								
					settlement*	Address, telephone of LE*	Settlement of LE*	Address, telephone of LE*	settlement*	correspondence address, phone/fax, e-mail, website*	three names	PIN/PN/PFN	Name of LE	three names of NP representing the LE	PIN/PN/PFN of the NP representing the LE		Date of concluding the contract*	commencement of insurance agency contract	end of the insurance agency contract	UIC or BULSTAT code of the insurer	Name of the insurer	Policy number	commencement date of the policy	end date of the policy	date of issue of the declaration	end date of the declaration	customer account number	bank	branch	amount	date of AFS	account number	date of authorization				class of insurance that the agent has the right to distribute (according to Annex No 6)*	Starting date	End date

Key:

*	Required field
	Either column "Professional liability insurance" or column "Declaration under Art. 316, para. 4 of the IC" (with relevant sub-columns) shall be filled in
	Either column "Special customer account" or column "Equity" or column "Insurer's account" shall be filled in (with the relevant sub-columns)

Annex No 4.2
"Sole proprietor agents– adding new contracts" under Art. 3, para 5

Insurer CODE*	Name of insurance agent*	UIC or BULSTAT code of the insurance agent*	LEI code	seat of the insurance agent*		address of the offices in which mediation takes place*	correspondence address of the agent*	insurance agency contract*			representative of the insurance agent*		Consent of the first insurer according Art. 315, para. 2 of the IC*	Verification carried out under Art. 318, para. 1 of the IC*	UIC or BULSTAT code of the insurer	Name of the insurer	Professional Liability insurance			declaration under Art. 316, para. 4 of the IC		special customer account, according to Art. 316, para. 5 of the IC					own capital according to Art. 316 para. 5 of the IC	Insurer account under Art. 316 para. 7 of the IC	passed examination under Art. 317 of the IC (fill in "yes" for passed examination)*	Member States in which the agent operates under the right of establishment	Member States in which the agent operates under the freedom to provide services	insurance classes*		
				settlement*	Address, telephone of sole trader*	settlement*	Address, telephone of sole trader*	Date of concluding the contract*	commencement of insurance agency contract*	end of the insurance agency contract*	three names*	PIN/PN/PFN*					Policy number	commencement date of the policy	end date of the policy	state of issue of the declaration	end date of the declaration	customer account number	bank	branch	amount	date of AFS	account number	date of authorization					class of insurance that the agent has the right to distribute (according to Annex No 6)* Starting date	End date	

Key:

*	Required field
*	Either column "Special customer account" or column "Equity" or column "Insurer's account" shall be filled in (with the relevant sub-columns)
	Either column "Professional liability insurance" or column "Declaration under Art. 316, para. 4 of the IC" (with relevant sub-columns) shall be filled in

Annex No 4.3
"Natural person agents– adding new contracts" under Art. 3, para. 5

Key:

	Required field
	Either columns "Professional liability insurance" and a special customer account, according to Art. 316, paragraph 6 of the IC or an insurer's account, according to Article 316, paragraph 7 of the IC or column "declaration according to Art. 316, para. 4 of the IC" (with relevant sub-columns) shall be filled in

Annex No. 4.4

Legal entity agents– termination/correction of contracts" under Art. 3, para. 6

Key:

*	Required field
	Either column "Professional liability insurance" or column "Declaration under Art. 316, para. 4 of the IC" (with relevant sub-columns) shall be filled in
	Either column "Special customer account" or column "Equity" or column "Insurer's account" shall be filled in (with the relevant sub-columns)

Annex No 4.5

"Sole proprietor agents– termination/correction of contracts" under Art. 3, para. 6

Key:

*	Required field
	Either column "Professional liability insurance" or column "Declaration under Art. 316, para. 4 of the IC" (with relevant sub-columns) shall be filled in
	Either column "Special customer account" or column "Equity" or column "Insurer's account" shall be filled in (with the relevant sub-columns)

Annex No 4.6
"Natural person agents– adding new contracts company under Art. 3, para. 6

*	Required field
	Either columns "Professional liability insurance" and a special customer account, according to Art. 316, paragraph 6 of the IC or an insurer's account, according to Article 316, paragraph 7 of the IC or column "declaration according to Art. 316, para. 4 of the IC" (with relevant sub-columns) shall be filled in

Annex No 4.7
"Legal entity agents– correction of the offered insurance, addition/removal" under Art. 3, para. 6

Insurer CODE*	Name of insurance agent*	UIC or BULSTAT code of the insurance agent*	insurance agency contract*		insurance classes*			Ground for correction/termination*
			commencement of insurance agency contract*	end of the insurance agency contract	class of insurance that the agent has the right to distribute (according to Annex No 6)*	Starting date*	End date	

*	Required field

Annex No 4.8
"Sole proprietor agents– correction of the offered insurance, addition/removal" under Art. 3, para. 6

Insurer CODE*	Name of insurance agent*	UIC or BULSTAT code of the insurance agent*	insurance agency contract*		insurance classes*			Ground for correction/termination*
			commencement of insurance agency contract*	end of the insurance agency contract	class of insurance that the agent has the right to distribute (according to Annex No 6)*	Starting date*	End date	

*	Required field

Annex No 4.9
"Natural person agents– correction of the offered insurance, addition/removal" under Art. 3, para. 6

Insurer CODE*	Name of insurance agent*				insurance agency contract*		insurance classes*			Ground for correction/termination*
	name*	Middle name*	Surname*	PIN/PN/PFN*	commencement of insurance agency contract*	end of the insurance agency contract	class of insurance that the agent has the right to distribute (according to Annex No 6)*	Starting date*	End date	

*	Required field

Annex No 5 to Art. 3, para 7:

INSTRUCTIONS

in connection with the completion and submission to the Financial Supervision Commission of data on insurance agents by insurers

1. Insurers submit to the Financial Supervision Commission data on insurance agents according to an approved standard form, as follows:

a) for the initial submission of an insurance agency contract within seven days of concluding the contract;

b) for contract and insurance corrections within seven days of the conclusion of the contract.

2. The files submitted by insurers for the concluded contracts for their insurance agents are:

a) Legal entity agents – Addition of new contracts; b) Legal entity contracts - Termination/correction of contracts;

c) Legal entity agents– correction of the offered insurance, addition/removal;

d) Sole proprietor agents – Addition of new contracts; e) Sole proprietor contracts - Termination/correction of contracts;

f) Sole proprietor agents– Correction of the offered insurance, addition/removal;

g) Natural person agents – Addition of new contracts; h) Natural person agents - Termination/correction of contracts;

i) Natural person agents - correction of the offered insurance, addition/removal;

2.1. Completing the submitted files

3. The document package contains the standard forms with the file formats.

4. The files under item 2 shall be submitted in TXT format with UTF-8 encoding. Fields in one row are separated from each other by a semicolon (;), even if the value is missing.

5. The data for the new contracts are submitted, each insurance being written on a separate line. All other contract details remain unchanged for each insurance.

6. The date format in the submitted files under item 2 shall be DD.MM.YYYY.

7. All fields marked with an asterisk "*", are mandatory.

8. When filling in alternative columns, in which it is mandatory to choose filling of at least one of several

columns, the filling of which in itself is not mandatory, in the columns in which data is not filled, it is necessary to write the word "NA" according to the instructions below.

Annex No 4.1. Legal entity agents– adding new contracts;

9. In the corresponding annex, the insurer fills in information about the concluded new insurance agency contracts for legal entities.

10. In the "Insurer CODE" column, fill in the insurer's code (according to the nomenclature adopted by the FSC). The field is required and contains only numbers.

11. In the "Name of the insurance agent" column, fill in the name of the insurance agent. The field is required and contains text.

12. In the column "Legal organizational form of the insurance agent" fill in the legal organizational form of the insurance agent. The field is required and contains text.

13. In the "UIC or BULSTAT code of the insurance agent" column, fill in the UIC or BULSTAT code of the insurance agent. The field is required and contains 9 or 13 numbers.

14. In the LEI code column, fill in the legal entity identification code, where applicable. The field is not required and contains text.

15. In the column "Seat of the insurance agent, settlement" fill in the settlement where the seat of the insurance agent is in the Republic of Bulgaria. The field is required and contains text. When the seat of the insurance agent is not in the Republic of Bulgaria, the application is not submitted.

16. In the column "Seat of the insurance agent, address, telephone number of the insurance agent", fill in the address, telephone number of the legal entity of the headquarters of the insurance agent. The field is required and contains text.

17. In the column "Address of the offices where mediation takes place, settlement of the legal entity" fill in the settlement where the offices are located. The field is required and contains text.

18. In the column "Address of the offices where mediation takes place, address, telephone number of the legal entity" fill in the address, telephone number of the office. The field is required and contains text.

19. In column "Correspondence address of the agent, settlement" the settlement of the correspondence address is filled. The field is required and contains text.

20. In the column "Correspondence address of the agent, correspondence address, telephone/fax, e-mail, webpage" fill in the correspondence address, telephone/fax, e-mail, webpage of the correspondence address. The field is required and contains text.

21. In the column "Representative of the insurance agent, natural person, three names", fill in the names of the natural person representative of the insurance agent, who, by a decision of the competent body of the legal entity insurance agent, according to the law and the agent's constitutive act, is designated to be responsible for and manage the distribution of insurance products. When no person is designated under the first sentence, the names of the representative of the insurance agent are filled in. The names of the representative are filled in according to their identity document. When there is more than one individual representing the insurance agent, their names are filled in consecutively, separated by commas. The field is filled in when the representative of the insurance agent is a natural person, and contains text.

22. In the column "Representative of the insurance agent, natural person, PIN/PN/PFN" fill in the PIN/PN/PFN of the natural person representative of the insurance agent. The field is filled in when the representative of the insurance agent is a natural person, and contains 10 digits. When more than one representative is filled in, the PIN/PN/PFN of the first representative is filled in.

23. In the "Representative of the insurance agent legal entity, name of legal entity" column, fill in the name of the legal entity representing the insurance agent. When there is more than one legal entity representing the insurance agent, their names are filled in consecutively, separated by commas. The field is filled in when the representative of the insurance agent is a legal entity, and contains text.

24. In the "Representative of the insurance agent legal entity, UIC" column, fill in the UIC of the legal entity representing the insurance agent. The field is filled in when the representative of the insurance agent is a legal entity, and contains 9 or13 digits. When more than one representative is filled in, the UIC of the first representative is filled in.

25. In the column "Representative of the insurance agent, legal entity, three names of the natural person representing the LE", fill in the names of the natural person representative of the legal entity representing the insurance agent, who by decision of the competent body of the legal entity insurance agent, according to the law and the agent's constitutive act, is designated to be responsible for and manage the distribution of insurance products. When no person is- under the first sentence, the names of the representative of the legal entity are

filled in. The names of the representative are filled in according to the identity document of the natural person. When there is more than one natural person representing the legal entity insurance agent, their names are filled in consecutively, separated by commas. The field is filled in when the representative of the insurance agent is a legal entity, and contains text.

26. In the column "Representative of the legal entity insurance agent, PIN/PN/PFN of the natural person representing the legal entity" fill in the PIN/PN/PFN of the natural person representative of the legal entity insurance agent.

The field is filled in when the representative of the insurance agent is a legal entity, and contains 10 digits. When more than one representative is filled in, the PIN/PN/PFN of the first representative is filled in.

27. When the columns for "Representative of the natural person insurance agent" are filled in, it is not mandatory to fill in the columns for "Representing the legal entity insurance agent", and it is necessary to fill in the word "NA" in them and vice versa.

28. In the column "Consent of the first insurer pursuant to Art. 315, para. 2 of the IC" is filled in by the first insurer. The field is required and contains text. Mark "yes" or "no".

29. Column "Insurance agency contract date of concluding the contract" is filled in with the date of concluding the insurance agency contract. The field is mandatory and is date type.

30. In the column "Insurance agency contract   commencement of the insurance agency contract" fill in the starting date from which the agent is authorized to carry out the insurance agency. The field is mandatory and is date type.

31. In the "Insurance agency contract   end of insurance agency contract" column, fill in the end date, if any, of the insurance agency contract. The field is not required and is date type.

32. In the column "Verification carried out under Art. 318, para. 1 of the IC" mark the verification carried out by the insurer of the requirements for the registration of insurance agents. The field is mandatory and contains the text "Yes" when a verification has been carried out and the established requirements have been met, or "No" in other cases. If the answer is "No", the portal does not allow registration.

33. In the column "Professional liability insurance, UIC or BULSTAT code of the insurer" fill in the UIC or BULSTAT code of the insurer with which the insurance was concluded. The field is not required and contains 9 or 13 digits.

34. In the column "Professional liability insurance - name of the insurer" fill in the name of the insurer. The field is not required and contains text.

35. In the column "Professional liability insurance - policy number" fill in the policy number. The field is not required and contains text.

36. In the column "Professional liability insurance - policy commencement date" fill in the start date of the policy. The field is not required and is date type.

37. In the column "Professional liability insurance - policy end date" fill in the end date of the policy. The field is not required and is date type.

38. In the column "Declaration under Art. 316, para. 4 of the IC date of issuance of the declaration" the date of issuance of the declaration is filled in. The field is not required and is date type.

39. In the column "Declaration under Art. 316, para. 4 of the IC final date of the declaration" the final date of the declaration is filled in. The field is not required and is date type.

40. In the column "Special customer account, according to Art. 316, para. 5 of the IC customer account number" the number of the intermediary's customer account is filled in. The field is not required and contains text.

41. In the column "Special customer account, according to Art. 316, para. 5 of the IC, bank", the bank is filled in. The field is not required and contains text.

42. In the column "Special customer account", according to Art. 316, para. 5 of the IC, branch", the branch is filled in.
The field is not required and contains text.

43. In the column "Equity, according to Art. 316, para. 5 of the IC, amount" the amount is filled in. The field is not required and contains text.

44. In the column "Equity, according Art. 316, para. 5 of the IC, date of the AFS" the date of the annual financial statement is filled in. The field is not required and is date type.

45. In the column "Insurer's account, according to Art. 316, para. 7 of the IC, account number" fill in the number of the insurer's account, which the intermediary is authorized to use. The field is not required and contains text.

46. In the column "Insurer's account, according to Art. 316, para. 7 of the IC date of authorization" fill in the date on which the intermediary is authorized to use the insurer's account. The field is not required and is date type.

47. 47.1.1. The columns under items 33 to 37 ("Professional Liability Insurance") or under items 38 and 39 ("Declaration under Art. 316, para 4 of the IC") shall be filled in.

47.1.2. When the columns for "Professional Liability Insurance" are filled in, the columns for "Declaration under Art. 316, para. 4 of the IC" need to be filled in with "NA" and vice versa.

47.2.1. The columns under items 40 to 42 ("Special customer account, according to Art. 316, para. 5 of the IC") or under items 43 and 44 ("Equity, according to Art. 316, para. 5 of the IC"), or under items 45 and 46 ("Insurer's account, .according to Art. 316, para. 7 of the IC") shall be filled in.

47.2.2. When the columns for "Special customer account, according to Art. 316, para. 5 of the IC", the columns for "Equity, according to Art. 316, para. 5 of the IC" and the columns "Insurer's account, according to Art. 316, para. 7 of the IC" shall be filled in with "NA".

47.2.3. When the columns for "Equity, according to Art. 316, para. 5 of the IC", the columns for "Special customer account, according to Art. 316, para. 5 of the IC" and the columns "Insurer's account, according to Art. 316, para. 7 of the IC" shall be filled in with "NA".

47.2.4. When the columns for "Insurer's account, according to Art. 316, para. 5 of the IC", the columns for "Special customer account, according to Art. 316, para. 5 of the IC" and the columns "Equity, according to Art. 316, para. 5 of the IC" shall be filled in with "NA".

48. In the column "Passed examination under Art. 317 of the IC" fill in that an examination has been passed under Art. 317, para. 2 of the IC by the representatives of the insurance agents and their employees, directly engaged in the activities of distribution of insurance products. The field is required and contains text. Fill in "yes" for a passed examination by all obligated persons or "No" in other cases. If the answer is "No", the portal does not allow registration.

49. In the column "Member States in which the agent operates under the right of establishment" fill in the Member States

Member States in which the agent operates under the right of establishment. The field is not required and contains text.

50. In the column "Member States in which the agent operates under the freedom to provide services", fill in the Member States in which the agent operates under the freedom to provide services. The field is not required and contains text.

51. In the column "Insurance classes, insurance class" fill in the code of the insurance that the agent has the right to distribute (according to Annex no. 6). The field is required and contains a digit.

52. In the "Insurance classes, start date" column, fill in the start date from which the agent is authorized to distribute insurance from this class. The field is required and is date type.

53. In the "Insurance classes end date" column, fill in the end date until which the agent is authorized to distribute insurance from this class. The field is not required and is date type.

Annex No. 4.2. Sole proprietor agents– adding new contracts;

54. In the corresponding annex, the insurer fills in information about the concluded new insurance agency contracts for sole proprietors.

55. In the "Insurer CODE" column, fill in the insurer's code (according to the nomenclature adopted by the FSC). The field is required and contains only numbers.

56. In the "Name of the insurance agent" column, fill in the name of the insurance agent. The field is required and contains text.

57. In the "UIC or BULSTAT code of the insurance agent" column, fill in the UIC or BULSTAT code of the insurance agent. The field is required and contains 9 or 13 numbers.

58. In the LEI code column, fill in the legal entity identification code, where applicable. The field is not required and contains text.

59. In the column "Seat of the insurance agent, settlement" fill in the settlement where the seat of the insurance agent is in the Republic of Bulgaria. The field is required and contains text. When the seat of the sole proprietor is not in the Republic of Bulgaria, the annex is not submitted.

60. In the column "Seat of the insurance agent, address, telephone number", fill in the address, telephone number of the seat of the insurance agent. The field is required and contains text.

61. In the column "Address of the offices where mediation takes place, settlement" fill in the settlement

where the offices are located. The field is required and contains text.

62. In the column "Address of the offices where mediation takes place, address, telephone number " fill in the address, telephone number of the office. The field is required and contains text.

63. In column "Correspondence address of the agent , settlement" the settlement of the correspondence address is filled.
The field is required and contains text.

64. In the column "Correspondence address of the agent, correspondence address, telephone/fax, e-mail, webpage" fill in the correspondence address, telephone/fax, e-mail, webpage of the correspondence address. The field is required and contains text.

65. Column "Insurance agency contract date of concluding the contract" is filled in with the date of concluding the insurance agency contract. The field is mandatory and is date type.

66. In the column "Insurance agency contract   commencement of the insurance agency contract" fill in the starting date from which the agent is authorized to carry out the insurance agency. The field is mandatory and is date type.

67. In the "Insurance agency contract   end of insurance agency contract" column, fill in the end date, if any, of the insurance agency contract. The field is not required and is date type.

68. In the "Representative of the insurance agent   three names" column, fill in the names of the representative of the insurance agent according to an identity document. The field is required and contains text.

69. In the column "Representative of the insurance agent PIN/PN/PFN" fill in the PIN/PN/PFN of the representative of the insurance agent. The field is required and contains 10 digits.

70. In the column "Consent of the first insurer pursuant to Art. 315, para. 2 of the IC" is filled in by the first insurer. The field is required and contains text. Mark "yes" or "no".

71. In the column "Verification carried out under Art. 318, para. 1 of the IC" mark the verification carried out by the insurer of the requirements for the registration of insurance agents. The field is mandatory and contains the text "Yes" when a verification has been carried out and the registration requirements have been met, or "No" in other cases. If the answer is "No", the portal does not allow registration.

72. In the column "Professional liability insurance, UIC or BULSTAT code of the insurer" fill in the UIC or BULSTAT code of the insurer with which the insurance was concluded. The field is not required and contains 9 or 13 digits.

73. In the column "Professional liability insurance - name of the insurer" fill in the name of the insurer. The field is not required and contains text.

74. In the column "Professional liability insurance - policy number" fill in the policy number. The field is not required and contains text.

75. In the column "Professional liability insurance - policy commencement date" fill in the start date of the policy. The field is not required and is date type.

76. In the column "Professional liability insurance - policy end date" fill in the end date of the policy. The field is not required and is date type.

77. In the column "Declaration under Art. 316, para. 4 of the IC date of issuance of the declaration" the date of issuance of the declaration is filled in. The field is not required and is date type.

78. In the column "Declaration under Art. 316, para. 4 of the IC final date of the declaration" the final date of the declaration is filled in. The field is not required and is date type.

79. In the column "Special customer account, according to Art. 316, para. 5 of the IC customer account number" the number of the insurer's customer account is filled in. The field is not required and contains text.

80. In the column "Special customer account, according to Art. 316, para. 5 of the IC, bank", the bank is filled in. The field is not required and contains text.

81. In the column "Special customer account, according to Art. 316, para. 5 of the IC, branch", the branch is filled in. The field is not required and contains text.

82. In the column "Equity, according to Art. 316, para. 5 of the IC, amount" the amount is filled in. The field is not required and contains text.

83. In the column "Equity, according Art. 316, para. 5 of the IC, date of the AFS" the date of the annual financial statement is filled in. The field is not required and is date type.

84. In the column "Insurer's account, according to Art. 316, para. 7 of the IC, account number" fill in the number of the insurer's account, which the intermediary is authorized to use. The field is not required and contains text.

85. In the column "Insurer's account, according to Art. 316, para. 7 of the IC date of authorization" fill in

the date on which the intermediary is authorized to use the contract's account. The field is not required and is date type.

86. 1.1.86. The columns under items 72 to 76 ("Professional Liability Insurance") or under items 77 and 78 ("Declaration under Art. 316, para 4 of the IC") shall be filled in.

86.1.2. When the columns for "Professional Liability Insurance" are filled in, the columns for "Declaration under Art. 316, para. 4 of the IC" need to be filled in with "NA" and vice versa.

86.2.1. The columns under items 79 to 81 ("Special customer account, according to Art. 316, para. 5 of the IC") or under items 82 and 83 ("Equity, according to Art. 316, para. 5 of the IC"), or under items 84 and 85 ("Insurer's account, .according to Art. 316, para. 7 of the IC") shall be filled in.

86.2.2. When the columns for "Special customer account, according to Art. 316, para. 5 of the IC", the columns for "Equity, according to Art. 316, para. 5 of the IC" and the columns "Insurer's account, according to Art. 316, para. 7 of the IC" shall be filled in with "NA".

86.2.3. When the columns for "Equity, according to Art. 316, para. 5 of the IC", the columns for "Special customer account, according to Art. 316, para. 5 of the IC" and the columns "Insurer's account, according to Art. 316, para. 7 of the IC" shall be filled in with "NA".

86.2.4. When the columns for "Insurer's account, according to Art. 316, para. 5 of the IC", the columns for "Special customer account, according to Art. 316, para. 5 of the IC" and the columns "Equity, according to Art. 316, para. 5 of the IC" shall be filled in with "NA".

87. In the column "Passed examination under Art. 317 of the IC" fill in that an examination has been passed under Art. 317, para. 2 of the IC by the insurance agent and its employees directly engaged in the activities of distribution of insurance products. The field is required and contains text. Fill in "yes" for a passed examination by all obligated persons or "No" in other cases. If the answer is "No", the portal does not allow registration.

88. In the column "Member States in which the agent operates under the right of establishment", fill in Member States, in which the agent operates under the right of establishment. The field is not required and contains text.

89. In the column "Member States in which the agent operates under the freedom to provide services", fill in the Member States in which the agent operates under the freedom to provide services. The field is not required and contains text.

90. In the column "Insurance classes, insurance class" fill in the code of the insurance that the agent has the right to distribute (according to Annex no. 6). The field is required and contains a digit.

91. In the "Insurance classes, start date" column, fill in the start date from which the agent is authorized to distribute insurance from this class. The field is required and is date type.

92. In the "Insurance classes end date" column, fill in the end date until which the agent is authorized to distribute insurance from this class. The field is not required and is date type.

Annex No 4.3. Natural person agents– adding new contracts;

93. In the corresponding annex, the insurer fills in information about the concluded new insurance agency contracts for natural persons.

94. In the "Insurer CODE" column, fill in the insurer's code (according to the nomenclature adopted by the FSC). The field is required and contains only numbers.

95. In the "Name of the insurance agent - first name" column, fill in the insurance agent's first name according to an identity document. The field is required and contains text.

96. In the "Name of the insurance agent - middle name" column, fill in the insurance agent's middle name according to an identity document. The field is required and contains text. When the name of the insurance agent according to an identity document consists of two names, fill in a dash ("–").

97. In the "Name of the insurance agent - surname" column, fill in the insurance agent's surname according to an identity document. The field is required and contains text. When the surname of the insurance agent according to an identity document consists of more than one name, they are filled in in this column. When the name of the insurance agent according to an identity document consists of two names, his second name is recorded in this column.

98. In the "Name of the insurance agent PIN/PN/PFN" column, fill in the PIN/PN/PFN of the insurance agent. The field is required and contains 10 digits.

99. In the column "Country in which the person is registered with a permanent address of residence", fill

in the country in which the person is registered with a permanent address of residence. The field is required and contains text. When a text other than "Republic of Bulgaria" is entered, the portal does not allow registration.

100. In the column "Settlement in which the person is registered with a permanent address of residence", fill in the settlement in which the person is registered with a permanent address of residence. The field is required and contains text.

101. In the column "Correspondence address of the person" fill in the person's correspondence address. The field is required and contains text.

102. In the "Telephone number of the person" column, fill in the person's telephone number. The field is required and contains text.

103. Column "Insurance agency contract date of concluding the contract" is filled in with the date of concluding the insurance agency contract. The field is mandatory and is date type.

104. In the column "Insurance agency contract   commencement of the insurance agency contract" fill in the starting date from which the agent is authorized to carry out the insurance agency. The field is mandatory and is date type.

105. In the "Insurance agency contract end of insurance agency contract" column, fill in the end date, if any, of the insurance agency contract. The field is not required and is date type.

106. In the column "Consent of the first insurer pursuant to Art. 315, para. 2 of the IC" is filled in by the first insurer. The field is required and contains text. Mark "yes" or "no".

107.   In the column "Verification carried out under Art. 318, para. 1 of the IC" mark the verification carried out by the insurer of the requirements for the registration of insurance agents. The field is mandatory and contains the text "Yes" when a verification has been carried out and the registration requirements have been met, or "No" in other cases. If the answer is "No", the portal does not allow registration.

108. In the column "Professional liability insurance, UIC or BULSTAT code of the insurer" fill in the UIC or BULSTAT code of the insurer with which the insurance was concluded.
The field is not required and contains 9 or 13 digits.

109. In the column "Professional liability insurance - name of the insurer" fill in the name of the insurer. The field is not required and contains text.

110. In the column "Professional liability insurance - policy number" fill in the policy number. The field is not required and contains text.

111. In the column "Professional liability insurance - policy commencement date" fill in the start date of the policy. The field is not required and is date type.

112. In the column "Professional liability insurance - policy end date" fill in the end date of the policy. The field is not required and is date type.

113. In the column "Declaration under Art. 316, para. 4 of the IC date of issuance of the declaration" the date of issuance of the declaration is filled in. The field is not required and is date type.

114. In the column "Declaration under Art. 316, para. 4 of the IC final date of the declaration" the final date of the declaration is filled in. The field is not required and is date type.

115. In the column "Special customer account, according to Art. 316, para. 5 of the IC customer account number" the number of the insurer's customer account is filled in. The field is not required and contains text.

116. In the column "Special customer account, according to Art. 316, para. 5 of the IC, bank", the bank is filled in. The field is not required and contains text.

117. In the column "Special customer account, according to Art. 316, para. 5 of the IC, branch", the branch is filled in. The field is not required and contains text.

118. In the column "Insurer's account, according to Art. 316, para. 7 of the IC,   account   number" fill in the number of the insurer's account, which the intermediary is authorized to use. The field is not required and contains text.

119.In the column "Insurer's account, according to Art. 316, para. 7 of the IC date of authorization" fill in the date on which the intermediary is authorized to use the insurer's account. The field is not required and is date type.

120. 120.1. When the columns under items 113 and 114 ("Declaration under Art. 316, para. 4 of the IC") are filled in, filling in columns under items 108 to 112 ("Professional Liability Insurance") and items 115 to 119 ("Special customer account, according to Art. 316, para. 5 of the IC" and "Insurer's account, according to Art. 316, para. 7 of the IC") is not mandatory, and it is necessary to fill in "NA".

120.2.1. When columns under items 113 and 114 ("Declaration under Art. 316, para. 4 of the IC") are not

filled in, "NA" shall be entered in them and columns under items 108 to 112 ("Professional liability insurance") and under items 115 to 117 ("Special customer account, according to Art. 316, paragraph 5 of the IC") or under items 118 and 119 ("Insurer's account, according to Art. 316, paragraph 7 of the IC") shall be filled in.

120.2.2. When the columns "Insurer's account, according to Art. 316, para. 7 of the IC" are filled in together with the "Insurer's account, according to Art. 316, para. 7 of the IC", the columns for "Special customer account, according to Art. 316, para. 5 of the IC" shall be filled in with "NA".

120.2.3. When the columns for "Professional Liability insurance" are filled in together with the columns for "Special customer account, according to Art. 316, para. 5 of the IC", the columns "Insurer's account, according to Art. 316, para. 7 of the IC" shall be filled in with "NA".

121. In the column "Passed examination under Art. 317 of the IC" fill in that an examination under Art. 317, para. 2 of the IC has been passed by the insurance agent. The field is required and contains text. Fill in "yes" for a passed examination or "No" in other cases. If the answer is "No", the portal does not allow registration.

122. In the column "Member States in which the agent operates under the right of establishment", fill in Member States, in which the agent operates under the right of establishment. The field is not required and contains text.

123. In the column "Member States in which the agent operates under the freedom to provide services", fill in the Member States in which the agent operates under the freedom to provide services. The field is not required and contains text.

124. In the column "Insurance classes, insurance class" fill in the code of the insurance that the agent has the right to distribute (according to Annex no. 6). The field is required and contains text.

125. In the "Insurance classes, start date" column, fill in the start date from which the agent is authorized to distribute insurance from this class. The field is required and is date type.

126. In the "Insurance classes end date" column, fill in the end date until which the agent is authorized to distribute insurance from this class. The field is not required and is date type.

Annex No 4.4. Legal entity agents– termination/correction of contracts

127. In the corresponding annex, the insurer fills in information about the termination or corrections within insurance agency contracts for legal entities.

128. Filling in the columns is identical to filling in the columns described from item 10 to item 50.

129. In the "Grounds for correction/termination" column, fill in the ground for correction/termination under insurance agency contracts for legal entities. The field is required and contains text.

Annex No 4.5. Sole proprietor agents– termination/correction of contracts;

130. In the corresponding annex, the insurer fills in information about the termination or corrections within insurance agency contracts for sole proprietors.

131. Filling in the columns is identical to filling in the columns described from item 55 to item 89.

132. In the "Grounds for correction/termination" column, fill in the ground for correction/termination under insurance agency contracts for sole proprietors. The field is required and contains text.

Annex No. 4.6. Natural person agents– termination/correction of contracts;

133. In the corresponding annex, the insurer fills in information about the termination or corrections within insurance agency contracts for natural persons.

134. Filling in the columns is identical to filling in the columns described from item 94 to item 123.

135. In the "Grounds for correction/termination" column, fill in the ground for correction/termination under insurance agency contracts for natural persons. The field is required and contains text.

Annex No 4.7. Legal entity agents– correction of the offered insurance, addition/removal

136. In the corresponding annex, the insurer fills in information about the addition or removal of insurance under insurance agency contracts for legal entities.

137. In the "Insurer CODE" column, fill in the insurer's code (according to the nomenclature adopted by the FSC). The field is required and contains only numbers.

138. In the "Name of the insurance agent" column, fill in the name of the insurance agent. The field is required and contains text.

139. In the "UIC or BULSTAT code of the insurance agent" column, fill in the UIC or BULSTAT code of the insurance agent. The field is required and contains 9 or 13 numbers.

140. In the column "Insurance agency contract   commencement of the insurance agency contract" fill in the starting date from which the agent is authorized to carry out the insurance agency. The field is mandatory and is date type.

141. In the "Insurance agency contract   end of insurance agency contract" column, fill in the end date, if any, of the insurance agency contract. The field is not required and is date type.

142. In the column "Insurance classes, insurance class" fill in the code of the insurance that the agent has the right to distribute (according to Annex no. 6). The field is required and contains a digit.

143. In the "Insurance classes, start date" column, fill in the start date from which the agent is authorized to distribute insurance from this class. The field is required and is date type.

144. In the "Insurance classes end date" column, fill in the end date until which the agent is authorized to distribute insurance from this class. The field is not required and is date type.

145. In the "Grounds for correction/termination" column, fill in the ground for correction/termination of insurance.

Annex No 4.8. Sole proprietor agents– correction of the offered insurance, addition/removal;

146. In the corresponding annex, the insurer fills in information about the addition or removal of insurance under insurance agency contracts for sole proprietors.

147. In the "Insurer CODE" column, fill in the insurer's code (according to the nomenclature adopted by the FSC). The field is required and contains only numbers.

148. In the "Name of the insurance agent" column, fill in the name of the insurance agent. The field is required and contains text.

149. In the "UIC or BULSTAT code of the insurance agent" column, fill in the UIC or BULSTAT code of the insurance agent. The field is required and contains 9 or 13 numbers.

150. In the column "Insurance agency contract   commencement of the insurance agency contract" fill in the starting date from which the agent is authorized to carry out the insurance agency. The field is mandatory and is date type.

151. In the "Insurance agency contract   end of insurance agency contract" column, fill in the end date, if any, of the insurance agency contract. The field is not required and is date type.

152. In the column "Insurance classes, insurance class" fill in the code of the insurance that the agent has the right to distribute (according to Annex no. 6). The field is required and contains a digit.

153. In the "Insurance classes, start date" column, fill in the start date from which the agent is authorized to distribute insurance from this class. The field is required and is date type.

154. In the "Insurance classes end date" column, fill in the end date until which the agent is authorized to distribute insurance from this class. The field is not required and is date type.

155. In the "Grounds for correction/termination" column, fill in the ground for correction/termination of insurance.

Annex No 4.9. Natural person agents - correction of the offered insurance, addition/removal;

156. In the corresponding annex, the insurer fills in information about the addition or removal of insurance under insurance agency contracts for natural persons.

157. In the "Insurer CODE" column, fill in the insurer's code (according to the nomenclature adopted by the FSC). The field is required and contains only numbers.

158. In the "Name of the insurance agent - first name" column, fill in the insurance agent's first name according to an identity document. The field is required and contains text.

159. In the "Name of the insurance agent - middle name" column, fill in the insurance agent's middle name according to an identity document. The field is required and contains text. When the name of the insurance agent according to an identity document consists of two names, fill in a dash ("–")

160. In the "Name of the insurance agent - surname" column, fill in the insurance agent's surname according to an identity document. The field is required and contains text. When the surname of the insurance agent according to an identity document consists of more than one name, they are filled in in this column. When the name of the insurance agent according to an identity document consists of two names, his second name is recorded in this column.

161. In the "Name of the insurance agent PIN/PN/PFN" column, fill in the PIN/PN/PFN of the insurance agent. The field is required and contains 10 digits.

162. In the column "Insurance agency contract   commencement of the insurance agency contract" fill in the starting date from which the agent is authorized to carry out the insurance agency. The field is mandatory and is date type.

163. In the "Insurance agency contract   end of insurance agency contract" column, fill in the end date, if any, of the insurance agency contract. The field is not required and is date type.

164. In the column "Insurance classes, insurance class" fill in the code of the insurance that the agent has the right to distribute (according to Annex no. 6). The field is required and contains a digit.

165. In the "Insurance classes, start date" column, fill in the start date from which the agent is authorized to distribute insurance from this class. The field is required and is date type.

166. In the "Insurance classes end date" column, fill in the end date until which the agent is authorized to distribute insurance from this class. The field is not required and is date type.

167. In the "Grounds for correction/termination" column, fill in the ground for correction/termination of insurance.

Submission of statements to the FSC

168. Insurance companies submit their files in the form of an electronic document, signed with a qualified electronic signature, through a portal on the FSC's website. When submitting the documents with a qualified electronic signature, the instructions described in Annex No. 3 - User Guide shall be followed

Annex No 6
to Art. 3, para 7:

NOMENCLATURE OF INSURANCE

No.	NAME OF INSURANCE
101	Life insurance and annuity
102	Marriage and birth insurance
103	Life insurance linked to investment funds
104	Permanent health insurance
105	Capital redemption
106	Supplementary insurance
201	Accidents
202	Sickness
203	Land vehicles (other than railway rolling stock)
204	Railway rolling stock
205	Aircraft
206	Vessels
207	Goods in transit
208	Fire and natural forces
209	Other damage to property;
210	Liability arising out of the possession and use of a vehicle;
211	Liability arising out of the possession and use of aircraft
212	Liability arising out of the possession and use of vessels;
213	General liability
214	Loans
215	Guarantees
216	Miscellaneous financial loss
217	Legal expenses insurance (legal defense)
218	Travel assistance;

Annex No 7.1
"Legal entity AII– adding new contracts" under Art. 4, para. 5

Insurer CODE*	name of the AII*	legal organizational form of the AII*	UIC or BULSTAT code of the AII*	LEI code	seat of the AII*		address of the offices where the AII*	correspondence address of the AII*	representative of the AII*						Consent of the first insurer according Art. 315, para. 2 of the IC*	mediation contract*			Verification carried out under Art. 318, para. 1 of the IC*;	Professional Liability insurance			declaration under Art. 316, para. 4 of the IC		special customer account, according to Art. 316, para. 5 of the IC			own capital, according to Art. 316, para. 5 of	account of an insurance company, according to Art. 316, para. 2		passed examination under Art. 317 of the IC (fill in "yes" for passed examination)*	Member States in which the AII operates under the right of establishment	Member States in which the AII operates under the freedom to provide services	insurance classes*		
					settlement*	Address, telephone of LE*	Settlement of LE*	Address, telephone of LE*	correspondence address, phone/fax, e-mail, website*	NP			LE																							Starting date	End date
										three names PIN/PN/PFN	Name of LE	UIC	three names of NP representing the LE	PIN/PN/PFN of the NP representing the LE		Date of concluding the contract*	commencement of mediation contract*	end of mediation contract	UIC or BULSTAT code of the insurer	Name of the insurer	Policy number	commencement date of the policy	end date of the policy	date of issue of the declaration	end date of the declaration	customer account number	bank	branch	amount	date of AFS	account number	date of authorization					

Key:

*	Required field
	Either column "Professional liability insurance" or column "Declaration under Art. 316, para. 4 of the IC" (with relevant sub-columns) shall be filled in
	Either column "Special customer account" or column "Equity" or column "Insurer's account" shall be filled in (with the relevant sub-columns)

Annex No. 7.2:
"Sole proprietor AII– adding new contracts" under Art. 4, para. 5

Insurer CODE*	name of the AII*	UIC or BULSTAT code of the AII*	LEI code	seat of the AII*	address of the offices in which mediation takes place*	correspondence address of the AII*	mediation contract*			representative of the AII*	Consent of the first insurer according Art. 315, para. 2 of the IC*	Verification carried out under Art. 318, para. 1 of the IC*;	Professional Liability insurance			declaration under Art. 316, para. 4 of the IC*		special customer account, according to Art. 316, para. 5 of the IC.			own capital, according to Art. 316, para. 5 of the IC	insurer's account, in accordance with Art. 316, para. 7 of the IC.		passed examination under Art. 317 of the IC (fill in "yes" for passed examination)*	Member States in which the AII operates under the right of establishment	Member States in which the AII operates under the freedom to provide services	Insurance classes		
				settlement*	settlement*	settlement*	Date of concluding the contract*	commencement of mediation contract*	end of mediation contract	three names*																		right to distribute (according to Annex No 6)*	Starting date	End date
				Address, telephone of sole trader*	Address, telephone of sole trader*	correspondence address, phone/fax, e-mail, website*				PIN/PN/PFN*			UIC or BULSTAT code of the insurer	Name of the insurer	Policy number	commencement date of the policy	end date of the policy	date of issue of the declaration	end date of the declaration	customer account number	bank	branch	amount	date of AFS	account number	date of authorization			

Key:

*	Required field
	Either column "Professional liability insurance" or column "Declaration under Art. 316, para. 4 of the IC" (with relevant sub-columns) shall be filled in
	Either column "Special customer account" or column "Equity" or column "Insurer's account" shall be filled in (with the relevant sub-columns)

Annex No 7.3
"Natural person AII– adding new contracts" under Art. 4, para. 5

Key:

*	Required field
	Either columns "Professional liability insurance" and a special customer account, according to Art. 316, paragraph 6 of the IC or an insurer's account, according to Article 316, paragraph 7 of the IC or column "declaration according to Art. 316, para. 4 of the IC" (with relevant sub-columns) shall be filled in

Column headers (rotated):

Insurer CODE* | name of the AII*: name*, Middle name*, Surname*, PIN/PN/PFN* | country in which the person is registered with a permanent address of residence* | the settlement where the person is registered with a permanent address by place of residence* | Correspondence address of the person* | telephone number of the person* | mediation contract*: Date of concluding the contract*, commencement of mediation contract*, end of mediation contract | Consent of the first insurer according Art. 315, para. 2 of the IC* | Verification carried out under Art. 318, para. 1 of the IC* | Professional Liability insurance: UIC or BULSTAT code of the insurer, Name of the insurer, Policy number, commencement date of the policy, end date of the policy | declaration under Art. 316, para. 4 of the IC: date of issue of the declaration, end date of the declaration | special customer account, in accordance with Art. 316, para. 6 of the: customer account number, bank, branch, account number | insurer's account, in accordance with Art. 316, para. 7 of the: date of authorization | passed examination under Art. 317 of the IC (fill in "yes" for passed examination)* | Member States in which the AII operates under the right of establishment | Member States in which the AII operates under the freedom to provide services | right to distribute (according to Annex No 6)* | insurance classes*: Starting date, End date

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Annex No 7.4
"Legal entity ancillary insurance intermediaries (AII)– termination/correction of contracts" under Art. 4, para. 6

Column headers (rotated):

Insurer CODE* | name of the AII* | legal organizational form of the AII* | UIC or BULSTAT code of the AII* | LEI code | seat of AII*: settlement*, Address, telephone of LE* | Address of the offices where the AII operates: Settlement of LE*, Address, telephone of LE* | correspondence address of the AII*: settlement*, correspondence address; provision; e-mail, web/page* | representative of the AII* — NP: three names, PIN/PN/PFN; LE: Name of LE, UIC, three names of NP representing the LE, PIN/PN/PFN of the NP representing the LE | Consent of the first insurer according Art. 315, para. 2 of the IC* | mediation contract*: Date of concluding the contract*, commencement of mediation contract*, end of mediation contract | Verification carried out under Art. 318, para. 1 of the IC* | Professional Liability insurance: UIC or BULSTAT code of the insurer, Name of the insurer, Policy number, commencement date of the policy, end date of the policy | declaration under Art. 316, para. 4 of the IC: date of issue of the declaration, end date of the declaration | special customer account, according to Art. 316, para. 6 of the IC: customer account number, bank, branch | own capital, according to Art. 316, para. 5 of the IC: amount, date of AFS | insurer's account, in accordance with Art. 316, para. 7 of the IC*: account number, date of authorization | passed examination under Art. 317 of the IC (fill in "yes" for passed examination)* | Member States in which the AII operates under the right of establishment | Member States in which the AII operates under the freedom to provide services | Ground for correction/termination*

Key:

*	Required field
	Either column "Special customer account" or column "Equity" or column "Insurer's account" shall be filled in (with the relevant sub-columns)
	Either column "Special customer account" or column "Equity" or column "Insurer's account" shall be filled in (with the relevant sub-columns)

Annex No 7.5
"Sole proprietor ancillary insurance intermediaries (AII)– termination/correction of contracts" under Art. 4, para. 6

Insurer CODE*	name of the AII*	UIC or BULSTAT code of the AII*	LEI code	seat of the AII*		address of the offices in which mediation takes place*0		correspondence address of the AII*	mediation contract*			representatives of the AII*		Consent of the first insurer according Art. 315, para. 2 of the IC*	Verification carried out under Art. 318, para. 1 of the IC*	Professional Liability insurance					declaration under Art. 316, para. 4 of the IC		special customer account, according to Art. 316, para. 5 of the IC			own capital, according to Art. 316, para. 5 of the IC		account of an insurance company, according to Art. 316, para. 7 of the IC		passed examination under Art. 317 of the IC (fill in "yes" for passed examination)	Member States in which the AII operates under the right of establishment	Member States in which the AII operates under the freedom to provide services	Ground for correction/termination*
				settlement*	Address, telephone of sole trader*	settlement*	Address, telephone of sole trader*	correspondence address, phone/fax, e-mail, website*	Date of concluding the contract*	commencement of mediation contract*	end of mediation contract	three names*	PIN/PN/PFN*			UIC or BULSTAT code of the insurer	Name of the insurer	Policy number	commencement date of the policy	end date of the policy	date of issue of the declaration	end date of the declaration	customer account number	bank	branch	amount	date of AFS	account number	date of authorization				

Key:

*	Required field
	Either column "Professional liability insurance" or column "Declaration under Art. 316, para. 4 of the IC" (with relevant sub-columns) shall be filled in
	Either column "Special customer account" or column "Equity" or column "Insurer's account" shall be filled in (with the relevant sub-columns)

Annex No 7.6
"Natural person ancillary insurance intermediaries (AII)– termination/correction of contracts" under Art. 4, para. 6

Insurer CODE*	name of AII*				country in which the person is registered with a permanent address of residence*	the settlement where the person is registered with a permanent address by place of residence*	Correspondence address of the person*	telephone number of the person*	mediation contract*			Consent of the first insurer according Art. 315, para. 2 of the IC*	Verification carried out under Art. 318, para. 1 of the IC*	Professional Liability insurance					declaration under Art. 316 of the IC		special customer account, according to Art. 316, para. 6 of the IC			account of an insurance company, according to Art. 316, para. 7 of the IC		passed examination under Art. 317 of the IC (fill in "yes" for passed examination)*	Member States in which the AII operates under the right of establishment	Member States in which the AII operates under the freedom to provide services	Ground for correction/termination*
	name*	Middle name*	Surname*	PIN/PN/PFN*					Date of concluding the contract*	commencement of mediation contract*	end of mediation contract			UIC or BULSTAT code of the insurer	Name of the insurer	Policy number	commencement date of the policy	end date of the policy	date of issue of the declaration	end date of the declaration	customer account number	bank	branch	account number	date of authorization				

Key:

*	Required field
	Either columns "Professional liability insurance" and a special customer account, according to Art. 316, paragraph 6 of the IC or an insurer's account, according to Article 316, paragraph 7 of the IC or column "declaration according to Art. 316, para. 4 of the IC" (with relevant sub-columns) shall be filled in

Annex No. 7.7
"Legal entity AII– correction of the offered insurance, addition/removal" under Art. 4, para. 6

Insurer CODE*	name of the AII*	UIC or BULSTAT code of the AII*	mediation contract*		insurance classes*			Ground for correction/termination*
			commencement of mediation contract*	end of mediation contract	class insurance which the AII has the right to distribute (according to Annex No. 6)	Starting date*	End date	

Key:

*	Required field

Annex No 7.8
"Sole proprietor AII – correction of the offered insurance, addition/removal" under Art. 4, para. 6

Insurer CODE*	name of the AII*	UIC or BULSTAT code of the AII*	mediation contract*		insurance classes*			Ground for correction/termination*
			commencement of mediation contract*	end of mediation contract	class insurance which the AII has the right to distribute (according to Annex No. 6)	Starting date*	End date	

*	Required field

Annex No 7.9
"Legal entity and natural person AII– correction of the offered insurance, addition/removal" under

Art. 4, para. 6

Insurer CODE*	name of the AII*				mediation contract*		insurance classes*			Ground for correction/termination*
	name*	Middle name*	Surname*	PIN/PN/PFN*	commencement of mediation contract*	end of mediation contract	class of insurance that the agent has the right to distribute (according to Annex No 6)*	Starting date*	End date	

*	Required field

Annex No 8

to Art. 4, para 7:

INSTRUCTIONS

in connection with the filling in and submission to the Commission for Financial Supervision of data on ancillary insurance intermediaries (AII), by insurers

1. Insurers submit to the Financial Supervision Commission data on AII according to an approved standard form, as follows:

a) for the initial submission of a mediation contract within seven days of concluding the contract;

b) for contract and insurance corrections within seven days of the conclusion of the contract.

2. The files submitted by insurers for the concluded contracts for their AII are:

a) Legal entity AII– adding new contracts;

b) Legal entity AII– termination/correction of contracts;

c) Legal entity AII– correction of face offered insurance, addition/removal;

d) Sole proprietor AII– adding new contracts;

e) Sole proprietor AII– termination/correction of contracts;

f) Sole proprietor AII– correction of the offered insurance, addition/removal;

g) Natural person AII– adding new contracts;

h) Natural person AII– termination/correction of contracts;

c) Natural person AII– correction of face offered insurance, addition/removal.

I. Completing the submitted files

3. The document package contains the standard forms with the file formats.

4. The files under item 2 shall be submitted in TXT format with UTF-8 encoding. Fields in one row are separated from each other by a semicolon (;), even if the value is missing.

5. The data for the new contracts are submitted, each insurance being written on a separate line. All other contract details remain unchanged for each insurance.

6. The date format in the submitted files under item 2 shall be DD.MM.YYYY.

7. All fields marked with an asterisk
"*", are mandatory.

8. When filling in alternative columns, in which it is mandatory to choose filling of at least one of several columns, the filling of which in itself is not mandatory, in the columns in which data is not filled, it is necessary to write "NA" according to the instructions below.

Annex No 7.1. Legal entity AII- adding new contracts;

9. In the corresponding annex, the insurer fills in information about the concluded new insurance mediation contracts for legal entities.

10. In the "Insurer CODE" column, fill in the insurer's code (according to the nomenclature adopted by the FSC). The field is required and contains only numbers.

11. In the column "Name of AII" fill in the name of the AII. The field is required and contains text.

12. In the column "Legal organizational form of the AII", fill in the legal organizational form of the AII. The field is required and contains text.

13. In the "UIC or BULSTAT code of the AII" column, fill in the UIC or BULSTAT code of the AII. The field is required and contains 9 or 13 digits.

14. In the LEI code column, fill in the legal entity identification code, where applicable. The field is not required and contains text.

15. In the column "Seat of the AII, settlement" fill in the settlement where the seat of the AII is in the Republic of Bulgaria. The field is required and contains text. When the seat of the AII is not in the Republic of Bulgaria, the application is not submitted.

16. In the column "Seat of the AII, address, telephone number of legal entity", fill in the address, telephone number of the legal entity of the seat of the AII. The field is required and contains text.

17. In the column "Address of the offices where mediation takes place, settlement of the legal entity" fill in the settlement where the offices are located. The field is required and contains text.

18. In the column "Address of the offices where mediation takes place, address, telephone number of the legal entity" fill in the address, telephone number of the office. The field is required and contains text.

19. In column "Correspondence address of the AII, settlement" the settlement of the correspondence address is filled. The field is required and contains text.

20. In the column "Correspondence address of the AII, correspondence address, telephone/fax, e-mail, webpage" fill in the correspondence address, telephone/fax, e-mail, webpage of the correspondence address. The field is required and contains text.

21. In the column "Representative of the AII, natural person, three names", fill in the names of the natural person representative of the legal entity AII, who, by a decision of the competent body of the legal entity AII according to the law and the AII's constitutive act, is designated to be responsible for and manage the distribution of insurance products. When no person is designated under the first sentence, the names of the representative the AII are filled in. The names of the representative are filled in according to their identity document. When there is more than one individual representing the AII, their names are filled in consecutively, separated by commas. The field is filled in when the representative of the AII is a natural person, and contains text.

22. In the column "Representative of the AII, natural person, PIN/PN/PFN" fill in the PIN/PN/PFN of the natural person representative of the natural person AII.
The field is filled in when the representative of the AII is a legal entity, and contains 10 digits. When more than one representative is filled in, the PIN/PN/PFN of the first representative is filled in.

23. In the column "Representative of the AII, legal entity" fill in the name of the legal entity representative of the AII. When there is more than one legal entity representing the AII, their names are filled in consecutively, separated by commas. The field is filled in when the representative of the AII is a legal entity, and contains text.

24. In the column "Representative of the legal entity AII UIC" fill in the UIC of the Representative of the legal entity AII. The field is filled in when the representative of the insurance agent is a legal entity, and contains 9 or13 digits. When more than one representative is filled in, the UIC of the first representative is filled in.

25. In the column "Representative of the AII legal entity, three names of the natural person representing the LE", fill in the names of the representative of the legal entity representing the AII, who by decision of the competent body of the legal entity AII, according to the law and the AII's constitutive act, is designated to be responsible for and manage the distribution of insurance products. When no person is designated under the first sentence, the names of the representative of the legal entity are filled in. The names of the representative are filled in according to the identity document of the natural person. When there is more than one natural person representing the legal entity insurance agent, their names are filled in-, separated by commas. The field is filled in when the representative of the AII is a legal entity, and contains text.

26. In the column "Representative of the AII insurance agent, PIN/PN/PFN of the natural person representing the legal entity" fill in the PIN/PN/PFN of the natural person representative of the legal entity AII. The field is filled in when the representative of the insurance agent is a natural person, and contains 10 digits. When more than one representative is filled in, the PIN/PN/PFN of the first representative is filled in.

27. When the columns for "Representative of the natural person AII" are filled in, it is not mandatory to fill in the columns for "Representing the legal entity AII", and it is necessary to fill in "NA" in them and vice versa.

28. In the column "Consent of the first insurer pursuant to Art. 315, para. 2 of the IC" is filled in by the first insurer. The field is required and contains text. Mark "yes" or "no".

29. Column "Insurance mediation contract date of concluding the contract" is filled in with the date of concluding the insurance mediation contract. The field is required and is date type.

30. In the column "Mediation contract commencement of the mediation contract" fill in the commencement date from which the AII
is authorized to mediate. The field is required and is date type.

31. In the "Insurance mediation contract end of insurance mediation contract" column, fill in the end date, if any, of the insurance mediation contract. The field is not required and is date type.

32. In the column "Verification carried out under Art. 318, para. 1 of the IC" mark the verification carried out by the insurer of the requirements for the registration of AII. The field is mandatory and contains the text "Yes" when a verification has been carried out and the established requirements have been met, or "No" in other cases. If the answer is "No", the portal does not allow registration.

33. In the column "Professional liability insurance, UIC or BULSTAT code of the insurer" fill in the UIC or BULSTAT code of the insurer with which the insurance was concluded. The field is not required and contains 9 or 13 digits.

34. In the column "Professional liability insurance - name of the insurer" fill in the name of the insurer.

The field is not required and contains text.

35. In the column "Professional liability insurance - policy number" fill in the policy number. The field is not required and contains text.

36. In the column "Professional liability insurance - policy commencement date" fill in the start date of the policy. The field is not required and is date type.

37. In the column "Professional liability insurance - policy end date" fill in the end date of the policy. The field is not required and is date type.

38. In the column "Declaration under Art. 316, para. 4 of the IC date of issuance of the declaration" the date of issuance of the declaration is filled in. The field is not required and is date type.

39. In the column "Declaration under Art. 316, para. 4 of the IC final date of the declaration" the final date of the declaration is filled in. The field is not required and is date type.

40. In the column "Special customer account, according to Art. 316, para. 5 of the IC customer account number" the number of the insurer's customer account is filled in. The field is not required and contains text.

41. In the column "Special customer account, according to Art. 316, para. 5 of the IC, bank", the bank is filled in. The field is not required and contains text.

42. In the column "Special customer account, according to Art. 316, para. 5 of the IC, branch", the branch is filled in. The field is not required and contains text.

43. In the column "Equity, according to Art. 316, para. 5 of the IC, amount" the amount is filled in. The field is not required and contains text.

44. In the column "Equity, according Art. 316, para. 5 of the IC, date of the statement" the date of the annual financial statement is filled in. The field is not required and is date type.

45. In the column "Insurer's account, according to Art. 316, para. 7 of the IC, account number" fill in the number of the insurer's account, which the intermediary is authorized to use.
The field is not required and contains text.

46. In the column "Insurer's account, according to Art. 316, para. 7 of the IC date of authorization" fill in the date on which the intermediary is authorized to use the insurer's account. The field is not required and is date type.

47. 47.1.1. The columns under items 33 to 37 ("Professional Liability Insurance") or under items 38 and 39 ("Declaration under Art. 316, para 4 of the IC") shall be filled in.

47.1.2. When the columns for "Professional Liability Insurance" are filled in, the columns for "Declaration under Art. 316, para. 4 of the IC" need to be filled in with "NA" and vice versa.

47.2.1. The columns under items 40 to 42 ("Special customer account, according to Art. 316, para. 5 of the IC") or under items 43 and 44 ("Equity, according to Art. 316, para. 5 of the IC"), or under items 45 and 46 ("Insurer's account, .according to Art. 316, para. 7 of the IC") shall be filled in.

47.2.2. When the columns for "Special customer account, according to Art. 316, para. 5 of the IC", the columns for "Equity, according to Art. 316, para. 5 of the IC" and the columns "Insurer's account, according to Art. 316, para. 7 of the IC" shall be filled in with "NA".

47.2.3. When the columns for "Equity, according to Art. 316, para. 5 of the IC", the columns for "Special customer account, according to Art. 316, para. 5 of the IC" and the columns "Insurer's account, according to Art. 316, para. 7 of the IC" shall be filled in with "NA".

47.2.4. When the columns for "Insurer's account, according to Art. 316, para. 5 of the IC", the columns for "Special customer account, according to Art. 316, para. 5 of the IC" and the columns "Equity, according to Art. 316, para. 5 of the IC" shall be filled in with "NA".

48. In the column "Passed examination under Art. 317 of the IC" fill in that an examination has been passed under Art. 317, para. 2 of the IC by the representatives of the AII and their employees, directly engaged in the activities of distribution of insurance products. The field is required and contains text. Fill in "yes" for a passed examination by all obligated persons or "No" in other cases. If the answer is "No", the portal does not allow registration.

49. In the column "Member States in which the AII operates under the right of establishment", fill in Member States, in which the AII operates under the right of establishment. The field is not required and contains text.

50. In the column "Member States in which the AII operates under the freedom to provide services", fill in the Member States in which the AII operates under the freedom to provide services. The field is not required and contains text.

51. In the column "Insurance classes, insurance class" fill in the code of the insurance that the AII has the right to distribute (according to Annex no. 6). The field is required and contains a digit.

52. In the "Insurance classes, start date" column, fill in the start date from which the AII is authorized to distribute insurance from this class. The field is required and is date type.

53. In the "Insurance classes end date" column, fill in the end date until which the- the AII is authorized to distribute insurance from this class. The field is mandatory and is date type.

Annex No. 7.2. Sole proprietor AII - adding new contracts;

54. In the corresponding annex, the insurer fills in information about the concluded new mediation contracts for sole proprietors.

55. In the "Insurer CODE" column, fill in the insurer's code (according to the nomenclature adopted by the FSC). The field is required and contains only numbers.

56. In the column "Name of AII" fill in the name of the AII. The field is required and contains text.

57. In the "UIC or BULSTAT code of the AII" column, fill in the UIC or BULSTAT code of the AII. The field is required and contains 9 or 13 digits.

58. In the LEI code column, fill in the legal entity identification code, where applicable. The field is not required and contains text.

59. In the column "Seat of the AII, settlement" fill in the settlement where the seat of the AII is in the Republic of Bulgaria. The field is required and contains text. When the seat of the sole proprietor is not in the Republic of Bulgaria, the application is not submitted.

60. In the column "Seat of the insurance agent, address, telephone number", fill in the address, telephone number of the seat of the AII. The field is required and contains text.

61. In the column "Address of the offices where mediation takes place, settlement" fill in the settlement where the offices are located. The field is required and contains text.

62. In the column "Address of the offices where mediation takes place, address, telephone number " fill in the address, telephone number of the office. The field is required and contains text.

63. In column "Correspondence address of the AII, settlement" the settlement of the correspondence address is filled. The field is required and contains text.

64. In the column "Correspondence address of the AII, correspondence address, telephone/fax, e-mail, webpage" fill in the correspondence address, telephone/fax, e-mail, webpage of the correspondence address. The field is required and contains text.

65. Column "Insurance mediation contract-date of concluding the contract" is filled in with the date of concluding the insurance mediation contract. The field is required and is date type.

66. In the column "Insurance mediation contract   commencement of the insurance mediation contract" fill in the starting date from which the agent is authorized to carry out the insurance agency. The field is required and is date type.

67. In the "Insurance mediation contract   end of insurance mediation contract" column, fill in the end date, if any, of the insurance mediation contract. The field is not required and is date type.

68. In the "Representative of the AII   three names" column, fill in the names of the representative of the AII according to an identity document. The field is required and contains text.

69. In the column "Representative of the AII- PIN/PN/PFN" fill in the PIN/PN/PFN of the representative of the AII. The field is required and contains 10 digits.

70. In the column "Consent of the first insurer pursuant to Art. 315, para. 2 of the IC" is filled in by the first insurer. The field is required and contains text. Mark "yes" or "no".

71. In the column "Verification carried out under Art. 318, para. 1 of the IC" mark the verification carried out by the insurer of the requirements for the registration of AII. The field is mandatory and contains the text "Yes" when a verification has been carried out and the registration requirements have been met, or "No" in other cases.
 If the answer is "No", the portal does not allow registration.

72. In the column "Professional liability insurance, UIC or BULSTAT code of the insurer" fill in the UIC or BULSTAT code of the insurer with which the insurance was concluded. The field is not required and contains 9 or 13 digits.

73. In the column "Professional liability insurance - name of the insurer" fill in the name of the insurer. The field is not required and contains text.

74. In the column "Professional liability insurance - policy number" fill in the policy number. The field is not required and contains text.

75. In the column "Professional liability insurance - policy commencement date" fill in the start date of the policy. The field is not required and is date type.

76. In the column "Professional liability insurance - policy end date" fill in the end date of the policy. The field is not required and is date type.

77. In the column "Declaration under Art. 316, para. 4 of the IC date of issuance of the declaration" the date of issuance of the declaration is filled in. The field is not required and is date type.

78. In the column "Declaration under Art. 316, para. 4 of the IC final date of the declaration" the final date of the declaration is filled in. The field is not required and is date type.

79. In the column "Special customer account, according to Art. 316, para. 5 of the IC customer account number" the number of the
insurer's customer account is filled in. The field is not required and contains text.

80. In the column "Special customer account, according to Art. 316, para. 5 of the IC, bank", the bank is filled in. The field is not required and contains text.

81. In the column "Special customer account, according to Art. 316, para. 5 of the IC, branch", the branch is filled in. The field is not required and contains text.

82. In the column "Equity, according to Art. 316, para. 5 of the IC, amount" the amount is filled in. The field is not required and contains text.

83. In the column "Equity, according Art. 316, para. 5 of the IC, date of the AFS" the date of the annual financial statement is filled in. The field is not required and is date type.

84. In the column "Insurer's account, according to Art. 316, para. 7 of the IC, account number" fill in the number of the insurer's account, which the intermediary is authorized to use. The field is not required and contains text.

85. In the column "Insurer's account, according to Art. 316, para. 7 of the IC date of authorization" fill in the date on which the intermediary is authorized to use the contract's account. The field is not required and is date type.

86. 1.1.86. The columns under items 72 to 76 ("Professional Liability Insurance") or under items 77 and 78 ("Declaration under Art. 316, para 4 of the IC") shall be filled in.

86.1.2. When the columns for "Professional Liability Insurance" are filled in, the columns for "Declaration under Art. 316, para. 4 of the IC" need to be filled in with "NA" and vice versa.

86.2.1. The columns under items 79 to 81 ("Special customer account, according to Art. 316, para. 5 of the IC") or under items 82 and 83 ("Equity, according to Art. 316, para. 5 of the IC"), or under items 84 and 85 ("Insurer's account, .according to Art. 316, para. 7 of the IC") shall be filled in.

86.2.2. When the columns for "Special customer account, according to Art. 316, para. 5 of the IC", the columns for "Equity, according to Art. 316, para. 5 of the IC" and the columns "Insurer's account, according to Art. 316, para. 7 of the IC" shall be filled in with "NA".

86.2.3. When the columns for "Equity, according to Art. 316, para. 5 of the IC", the columns for "Special customer account, according to Art. 316, para. 5 of the IC" and the columns "Insurer's account, according to Art. 316, para. 7 of the IC" shall be filled in with "NA".

86.2.4. When the columns for "Insurer's account, according to Art. 316, para. 5 of the IC", the columns for "Special customer account, according to Art. 316, para. 5 of the IC" and the columns "Equity, according to Art. 316, para. 5 of the IC" shall be filled in with "NA".

87. In the column "Passed examination under Art. 317 of the IC" fill in that an examination has been passed under Art. 317, para. 2 of the IC by the AII and its employees directly engaged in the activities of distribution of insurance products. The field is required and contains text.
Fill in "yes" for a passed examination by all obligated persons or "No" in other cases. If the answer is "No", the portal does not allow registration.

88. In the column "Member States in which the AII operates under the right of establishment", fill in Member States, in which the AII operates under the right of establishment. The field is not required and contains text.

89. In the column "Member States in which the AII operates under the freedom to provide services", fill in the Member States in which the AII operates under the freedom to provide services. The field is not required

and contains text.

90. In the column "Insurance classes, insurance class" fill in the code of the insurance that the AII has the right to distribute (according to Annex no. 6). The field is required and contains a digit.

91. In the "Insurance classes, start date" column, fill in the start date from which the AII is authorized to distribute insurance from this class. The field is required and is date type.

92. In the "Insurance classes end date" column, fill in the end date until which the agent is authorized to distribute insurance from this class. The field is mandatory and is date type.

Annex No 7.3. Natural person AII - adding new contracts.

93. In the corresponding annex, the insurer fills in information about the concluded new insurance agency contracts for natural persons.

94. In the "Insurer CODE" column, fill in the insurer's code (according to the nomenclature adopted by the FSC). The field is required and contains only numbers.

95. In the "Name of the AII- first name" column, fill in the AII's first name according to an identity document. The field is required and contains text.

96. In the "Name of the AII- middle name" column, fill in the AII's middle name according to an identity document. The field is required and contains text. When the name of the AII according to an identity document consists of two names, fill in a dash ("–")

97. In the "Name of the AII- surname" column, fill in the AII's surname according to an identity document. The field is required and contains text. When the surname of the AII according to an identity document consists of more than one name, they are filled in in this column. When the name of the AII according to an identity document consists of two names, his second name is recorded in this column.

98. In the column "Name of the AII- PIN/PN/PFN" fill in the PIN/PN/PFN of the AII. The field is required and contains 10 digits.

99. In the column "Country in which the person is registered with a permanent address of residence", fill in the country in which the person is registered with a permanent address of residence. The field is required and contains text. When a text other than "Republic of Bulgaria" is entered, the portal does not allow registration.

100. In the column "Settlement in which the person is registered with a permanent address of residence", fill in the settlement in which the person is registered with a permanent address of residence. The field is required and contains text.

101. In the column "Correspondence address of the person" fill in the person's correspondence address. The field is required and contains text.

102. In the "Telephone number of the person" column, fill in the person's telephone number. The field is required and contains text.

103. Column "Insurance mediation contract date of concluding the contract" is filled in with the date of concluding the insurance mediation contract. The field is required and is date type.

104. In the column "Insurance mediation contract   commencement   of   the   insurance   mediation contract" fill in the starting date from which the agent is authorized to carry out the insurance agency. The field is required and is date type.

105. In the "Insurance mediation   contract   end of insurance mediation contract" column, fill in the end date, if any, of the insurance mediation contract. The field is not required and is date type.

106. In the column "Consent of the first insurer pursuant to Art. 315, para. 2 of the IC" is filled in by the first insurer. The field is required and contains text. Mark "yes" or "no".

107. In the column "Verification carried out under Art. 318, para. 1 of the IC" mark the verification carried out by the insurer of the requirements for the registration of insurance agents. The field is mandatory and contains the text "Yes" when a verification has been carried out and the registration requirements have been met, or "No" in other cases. If the answer is "No", the portal does not allow registration.

108. In the column "Professional liability insurance, UIC or BULSTAT code of the insurer" fill in the UIC or BULSTAT code of the insurer with which the insurance was concluded. The field is not required and contains 9 or 13 digits.

109. In the column "Professional liability insurance - name of the insurer" fill in the name of the insurer. The field is not required and contains text.

110. In the column "Professional liability insurance - policy number" fill in the policy number. The field is not required and contains text.

111. In the column "Professional liability insurance - policy commencement date" fill in the start date of

the policy. The field is not required and is date type.

112. In the column "Professional liability insurance - policy end date" fill in the end date of the policy. The field is not required and is date type.

113. In the column "Declaration under Art. 316, para. 4 of the IC date of issuance of the declaration" the date of issuance of the declaration is filled in. The field is not required and is date type.

114. In the column "Declaration under Art. 316, para. 4 of the IC final date of the declaration" the final date of the declaration is filled in. The field is not required and is date type.

115. In the column "Special customer account, according to Art. 316, para. 5 of the IC customer account number" the number of the insurer's customer account is filled in. The field is not required and contains text.

116. In the column "Special customer account, according to Art. 316, para. 5 of the IC, bank", the bank is filled in. The field is not required and contains text.

117. In the column "Special customer account, according to Art. 316, para. 5 of the IC, branch", the branch is filled in. The field is not required and contains text.

118. In the column "Insurer's account, according to Art. 316, para. 7 of the IC,   account   number" fill in the number of the insurer's account, which the intermediary is authorized to use. The field is not required and contains text.

119. In the column "Insurer's account, according to Art. 316, para. 7 of the IC date of authorization" fill in the date on which the intermediary is authorized to use the contract's account. The field is not required and is date type.

120. 120.1. When the columns under items 113 and 114 ("Declaration under Art. 316, para. 4 of the IC") are filled in, filling in columns under items 107 to 111 ("Professional Liability Insurance") and items 115 to 119 ("Special customer account, according to Art. 316, para. 5 of the IC" and "Insurer's account, according to Art. 316, para. 7 of the IC") is not mandatory, and it is necessary to fill in "NA".

120.2.1. When columns under items 113 and 114 ("Declaration under Art. 316, para. 4 of the IC") are not filled in, the word "NA" shall be entered in them and columns under items 108 to 112 ("Professional liability insurance") and under items 115 to 117 ("Special customer account, according to Art. 316, paragraph 5 of the IC") or under items 118 and 119 ("Insurer's account, according to Art. 316, paragraph 7 of the IC") shall be filled in.

120.2.2. When the columns "Insurer's account, according to Art. 316, para. 7 of the IC" are filled in together with the "Insurer's account, according to Art. 316, para. 7 of the IC", the columns for "Special customer account, according to Art. 316, para. 5 of the IC" shall be filled in with "NA".

120.2.3. When the columns for "Professional Liability insurance" are filled in together with the columns for "Special customer account, according to Art. 316, para. 5 of the IC", the columns "Insurer's account, according to Art. 316, para. 7 of the IC" shall be filled in with "NA".

121. In the column "Passed examination under Art. 317 of the IC" fill in that an examination under Art. 317, para. 2 of the IC has been passed by the AII. The field
is required and contains text. Fill in "yes" for a passed examination or "No" in other cases.
 If the answer is "No", the portal does not allow registration.

122. In the column "Member States in which the AII operates under the right of establishment", fill in Member States, in which the AII operates under the right of establishment. The field is not required and contains text.

123. In the column "Member States in which the AII operates under the freedom to provide services", fill in the Member States in which the AII operates under the freedom to provide services. The field is not required and contains text.

124. In the column "Insurance classes, insurance class" fill in the code of the insurance that the AII has the right to distribute (according to Annex no. 6). The field is required and contains text.

125. In the "Insurance classes, start date" column, fill in the start date from which the AII is authorized to distribute insurance from this class. The field is required and is date type.

126. In the "Insurance classes end date" column, fill in the end date until which the AII is authorized to distribute insurance from this class. The field is not required and is date type.

Annex No 7.4. Legal entity AII - termination/correction of contracts

127. In the corresponding annex, the insurer fills in information about the termination or corrections within insurance mediation contracts for legal entities.

128. Filling in the columns is identical to filling in the columns described from item 10 to item 50.

129. In the "Grounds for correction/termination" column, fill in the ground for correction/termination under insurance mediation contracts for legal entities. The field is required and contains text.

Annex No 7.5. Sole proprietor AII - termination/correction of contracts

130. In the corresponding annex, the insurer fills in information about the termination or corrections within mediation contracts for sole proprietors.

131. Filling in the columns is identical to filling in the columns described from item 55 to item 89.

132. In the "Grounds for correction/termination" column, fill in the ground for correction/termination under insurance agency contracts for sole proprietors. The field is required and contains text.

Annex No 7.6. Natural person AII- termination/correction of contracts;

133. In the corresponding annex, the insurer fills in information about the termination or corrections within insurance mediation contracts for natural persons.

134. Filling in the columns is identical to filling in the columns described from item 94 to item 123.

135. In the "Grounds for correction/termination" column, fill in the ground for correction/termination under insurance agency contracts for natural persons. The field is required and contains text.

Annex No 7.7. Legal entity ancillary insurance intermediaries - correction of the offered insurance, addition/removal;

136. In the corresponding annex, the insurer fills in information about the addition or removal of insurance under mediation contracts for legal entities.

137. In the "Insurer CODE" column, fill in the insurer's code (according to the nomenclature adopted by the FSC). The field is required and contains only numbers.

138. In the column "Name of AII" fill in the name of the AII. The field is required and contains text.

139. In the "UIC or BULSTAT code of the AII" column, fill in the UIC or BULSTAT code of the AII. The field is required and contains 9 or 13 digits.

140. In the column "Insurance mediation contract   commencement of the insurance mediation contract" fill in the starting date from which the agent is authorized to carry out the insurance agency. The field is required and is date type.

141. In the "Insurance mediation contract   end of insurance mediation contract" column, fill in the end date, if any, of the insurance mediation contract. The field is not required and is date type.

142. In the column "Insurance classes, insurance class" fill in the code of the insurance that the AII has the right to distribute (according to Annex no. 6). The field is required and contains a digit.

143. In the "Insurance classes, start date" column, fill in the start date from which the AII is authorized to distribute insurance from this class. The field is required and is date type.

144. In the "Insurance classes end date" column, fill in the end date until which the AII is authorized to distribute insurance from this class. The field is not required and is date type.

145. In the "Grounds for correction/termination" column, fill in the ground for correction/termination of insurance.

Annex No 7.8. Sole proprietor AII - correction of the offered insurance, addition/removal;

146. In the corresponding annex, the insurer fills in information about the addition or removal of insurance under mediation contracts for sole proprietors.

147.   In the "Insurer CODE" column, fill in the insurer's code (according to the nomenclature adopted by the FSC). The field is required and contains only numbers.

148. In the column "Name of AII" fill in the name of the AII. The field is required and contains text.

149. In the "UIC or BULSTAT code of the AII" column, fill in the UIC or BULSTAT code of the AII. The field is required and contains 9 or 13 digits.

150. In the column "Insurance mediation contract   commencement   of   the   insurance   mediation contract" fill in the starting date from which the agent is authorized to carry out the insurance agency. The field is required and is date type.

151. In the "Insurance mediation contract   end of insurance mediation contract" column, fill in the end date, if any, of the insurance mediation contract. The field is not required and is date type.

152. In the column "Insurance classes, insurance class" fill in the code of the insurance that the AII has the right to distribute (according to Annex no. 6). The field is required and contains a digit.

153. In the "Insurance classes, start date" column, fill in the start date from which the AII is authorized to distribute insurance from this class. The field is required and is date type.

154. In the "Insurance classes end date" column, fill in the end date until which the AII is authorized to

distribute insurance from this class. The field is not required and is date type.

155. In the "Grounds for correction/termination" column, fill in the ground for correction/termination of insurance.

Annex No 7.9. Natural person AII - correction of the offered insurance, addition/removal.

156. In the corresponding annex, the insurer fills in information about the addition or removal of insurance under insurance agency contracts for natural persons.

157. In the "Insurer CODE" column, fill in the insurer's code (according to the nomenclature adopted by the FSC). The field is required and contains only numbers.

158. In the "Name of the AII- first name" column, fill in the AII's first name according to an identity document. The field is required and contains text.

159. In the "Name of the AII- middle name" column, fill in the AII's middle name according to an identity document. The field is required and contains text. When the name of the AII according to an identity document consists of two names, fill in a dash ("–")

160. In the "Name of the AII- surname" column, fill in the AII's surname according to an identity document. The field is required and contains text. When the surname of the insurance agent according to an identity document consists of more than one name, they are filled in in this column. When the name of the AII according to an identity document consists of two names, his second name is recorded in this column.

161. In the column "Name of the AII- PIN/PN/PFN" fill in the PIN/PN/PFN of the AII. The field is required and contains 10 digits.

162. In the column "Insurance mediation contract   commencement of the insurance mediation contract" fill in the starting date from which the agent is authorized to carry out the insurance agency. The field is required and is date type.

163. In the "Insurance mediation contract   end of insurance mediation contract" column, fill in the end date, if any, of the insurance mediation contract. The field is not required and is date type.

164. In the column "Insurance classes, insurance class" fill in the code of the insurance that the AII has the right to distribute (according to Annex no. 6). The field is required and contains a digit.

165. In the "Insurance classes start date" column, fill in the start date from which the AII is authorized to distribute insurance from this class.. The field is required and is date type.

166. In the "Insurance classes end date" column, fill in the end date until which the AII is authorized to distribute insurance from this class. The field is not required and is date type.

167. In the "Grounds for correction/termination" column, fill in the ground for correction/termination of insurance.

II. Submission of statements to the FSC

168. Insurance companies submit their files in the form of an electronic document, signed with a qualified electronic signature, through a portal on the FSC's website. When submitting the documents with a qualified electronic signature, the instructions described in Annex No. 3 - User Guide shall be followed

Annex No 9.1
to Art. 6

Request for registration of a legal entity insurance agent (ancillary insurance intermediary), carrying out mediation for insurers from another Member State of the European Union and operating in the Republic of Bulgaria under the freedom to provide services

TO THE FINANCIAL SUPERVISION COMMISSION

REQUEST FOR REGISTRATION OF A LEGAL ENTITY INSURANCE AGENT (ANCILLARY INSURANCE INTERMEDIARY), CARRYING OUT MEDIATION FOR INSURERS FROM ANOTHER MEMBER STATE OF THE EUROPEAN UNION AND OPERATING IN THE REPUBLIC OF BULGARIA UNDER THE FREEDOM TO PROVIDE SERVICES

By ....,.. ,
(name of the applicant)   (legal organizational form)

UIC or BULSTAT code

LEI code (if available) ....
with seat of business.., management address ....
Represented by .... ,

(Names of the legal representative or proxy according to identity document)

PIN/PN/PFN .... ,
address for correspondence... ,
telephone…………., fax..*(if available),*
e-mail ....
.... ,
website .... *(if available)*

Note: Filling in each field is mandatory. When the field is marked as "if available", if the relevant information is not available, enter "NA".

DEAR LADIES AND GENTLEMEN,

1. I would like the legal entity I represent to carry out mediation for an insurer from another member state of the European Union, operating in the Republic of Bulgaria under the freedom to provide services as:

a) insurance agents _____

B) ancillary insurance intermediary _____

_____

(mark your selection)

and I request it to be entered in the register under Art. 30, para. 1, item 12 of the Financial Supervision Commission Act.

I. General information about the trader for registration purposes:

1. list of headquarters and addresses of offices and branches (according to Annex No. 2): ....

2. date of incorporation: ....

3. method of incorporation: ....

4. objects: ....

5. term of incorporation (if any): ....

6. capital amount: ....

7. number of shares: ....

8. nominal value per share: ....

9. type, classes of shares and rights under them, including special rights and privileges, if such are provided for (for joint-stock companies and partnerships limited by shares):

....
....
....
....

10. procedure for transfer of the shares: ....

....
....
....
....

11. manner of representation:

....

12. management and control bodies: ....

13. names of members of control bodies (for legal entity members: name, UIC, headquarters, address of management):

....
....
....
....

14. names of natural persons who represent the legal entities as members of the control bodies:

....

....

....

....

15. other FSC registers in which the entity is recorded: ....

....

....

Note: Filling in each field is mandatory. When the information is not applicable to the relevant legal entity, enter "NA".

II. Information for evaluating entry requirements:

1. Insurance agency contract (mediation contract):

1.1. The legal entity I represent has concluded an insurance agency contract (mediation contract) with an insurer:

Name of the insurer	
Member State of the seat of the insurer	
Seat of the insurer	
Management address of the insurer's office	
Registration number of the insurer	
LEI code of the insurer (where applicable)	
Given consent to the insurer under Art. 315, para. 2 of the IC (yes/no)	

Note: Filling in all cells is mandatory. When the information is not applicable, enter "NA".

1.2. Data about the insurance agency contract (mediation contract):

Date of conclusion	
Starting date from which the intermediary is authorized to carry out actions on the distribution of insurance products	
Final date until which the intermediary is authorized to carry out insurance product distribution activity (if any)	

Note: Filling in all cells is mandatory. When the information is not applicable, enter "NA".

1.3. Classes of insurance for which the intermediary is authorized to carry out distribution of insurance products:

Class of insurance	Starting date from which the intermediary is authorized to broker the insurance class	Final date until which the intermediary is authorized to broker the insurance class (if any)

Notes: 1. The row in the table should be repeated and filled in as many times as there are classes of insurance for which the intermediary is authorized to operate.

2. Filling all cells is mandatory. When the information is not applicable, enter "NA".

3. The "Insurance class" field should be filled in using the codes for insurance classes according to Annex No. 6.

2. Members of the management body of the legal entity I represent, and the other persons authorized to manage or represent it are:

Number	Names/designation according to identity document/registration	Legal entity (yes/no)	Personal number	Type of personal number (PIN/PN/PFN/UIC, when otherwise, to be specified explicitly)	Position	Designated to be responsible for and manage the distribution of insurance products (yes/no)

Notes: 1. The row in the table should be copied and filled in as many times as there are persons to be announced. Filling in each cell is mandatory.

2. The following are subject to announcement: the members of management bodies, procurators, commercial proxies; other persons who, by virtue of law, articles of association or other founding act, have the authority to manage or represent the company (persons with representative authority by virtue of a power of attorney are not subject to announcement).

3. When a legal entity is entered in a row, the following rows should be marked with a row number that is derived from the number of the previous row (e.g. 1.1, 1.2, 1.3, etc.), listing the members of the management body of the legal entity – a member of the management body of the entity in the row above.

3. The persons in managerial positions responsible for carrying out distribution of insurance products are:

Number	Names according to identity document	Personal number	Type of personal number (PIN/PN/PFN, when otherwise, to be specified explicitly)	Title

Note: The row in the table should be copied and filled in as many times as there are persons to be announced. Filling in each cell is mandatory. When the information is not applicable, enter "NA".

4. Guarantees for fulfillment of obligations and liability

The legal entity I represent chooses to guarantee the fulfillment of its obligations under Art. 316, para. 5 of the Insurance Code with:

4.1. Own funds (yes/no)	
Amount of own funds	

4.2. Customer account(s) (yes/no)		
IBAN		Bank/Branch	Insurer account (yes/no)

Notes: 1. Filling in each cell is mandatory. When the information is in the relevant cells not applicable to the relevant legal entity, enter "NA".

2. When item 4.2 is filled in, the row in the tables should be repeated and filled in as many times as there are customer accounts subject to announcement.

The liability of the trader I represent is guaranteed through:

4.3. Insurance under Art. 316, para. 2 of the IC (yes/no)				
UIC or BULSTAT code of the insurer	Name of the insurer	Policy number	Commencement date of coverage under the policy	End date of coverage under the policy

4.4. Declaration of the insurer under Art. 316, para. 4 of the IC (yes/no)	
Starting date of the declaration	End date of the declaration (if any)

Note: Completing items 4.3 and 4.4 is mandatory. When filling in the cell is not applicable, enter "NA".

5. Partners/shareholders holding shares of or over 10 percent in the applicant's company:

Number	Names/designations according to identity document/registration	Legal entity (yes/no)	Personal number	Type of personal number (PIN/PN/PFN/UIC, when otherwise, to be indicated explicitly)	Participation as a percentage

Notes: 1. The row in the table should be copied and filled in as many times as there are partners/shareholders to be announced. Filling in each cell is mandatory. When the information is not applicable, enter "NA".

2. When a personal number issued in a country other than the Republic of Bulgaria is specified, in the column for the type of personal number, the country of issuance of the identity document of the natural person, respectively of registration of the legal entity, should also be indicated.

. Persons who are closely affiliated with the applicant:

Number	Names/designations according to identity document/registration	Legal entity (yes/no)	Personal number	Type of personal number (PIN/PN/PFN/UIC, when otherwise, to be indicated explicitly)	Type of links

Notes: 1. The row in the table should be copied and filled in as many times as there are persons to be announced. Filling in each cell is mandatory. When the information is not applicable, enter "NA".

2. Close links exist in each of the following cases between the applicant and:

a) any person who controls it (indicate all persons in the chain of control without the persons indicated in the table under item 5);

b) any person who, directly or through control, owns a 20 percent or more stake in the applicant's capital or voting rights (indicate all persons in the chain of control without the persons specified in the table under item 5);

c) any person that the applicant controls directly or indirectly (indicate all persons in the chain of control up to the final controlled undertaking);

d) any person in which the applicant owns a participation of 20 percent or more in the capital or in the voting rights directly or through companies controlled by him;

e) any person with whom the applicant jointly controls a third person.

3. When a personal number issued in a country other than the Republic of Bulgaria is specified, in the column for the type of personal number, the country of issuance of the identity document of the natural person, respectively of registration of the legal entity, should also be indicated.

7. The beneficial owner (UBO) of the company I represent is:

Number	Names according to identity document	Personal number	Type of personal number (PIN/PN/PFN, when otherwise, to be specified explicitly)	Title

Note: The row in the table should be copied and filled in as many times as there are persons to be announced. Filling in each cell is mandatory.

8. I am attaching the following documents:

8.1. articles of association, memorandum of incorporation or statute (as relevant, and the application can also be submitted by referring to the current document available in the commercial register);

8.2. declarations under Art. 303, para. 1, items 3 and 4 of the IC for legal entity applicants;

8.3. declarations under Art. 303, para. 1, item 1, 2, 3 and 4 of the IC for

a) each member of the management body of the legal entity applicant;

b) any other person authorized to manage or represent the legal entity applicant ;

c) any member of the governing body of a legal entity – member of the governing body of the legal entity applicant who represents him in the governing body of the applicant;

8.4. a decision of a competent body of the applicant according to the law and the founding act of the applicant to designate one person (or more persons), a member of the management body of the applicant, or another person authorized to manage or represent the applicant - to be responsible for and to manages the distribution of insurance services, if such a decision is adopted;

8.5. a certified copy of a diploma for higher education (or secondary education) and auditor we for passed examination under Art. 317, para. 2 (or evidence of acquired professional experience in the field of insurance, as well as completed training under Art. 303, para. 2, item 1 of the IC , or a declaration of a successfully

passed exam under Art. 303, para. 2, item 2 of the IC):

a) for each person determined by the decision under item 9.4, when a decision under item 4 is submitted; b) when no decision has been submitted under item 8.4: aa) for each member of the management body of the applicant;

bb) for any other person authorized to manage or represent the applicant;

cc) for each member of the management body of a legal entity – a member of the management body of the applicant who represents it in the management body of the legal entity applicant;

8.6. a list of data on the addresses of the offices or branches where the insurance mediation activity will be carried out, according to Annex No. 2;

8.7. evidence of owning own funds under Art. 306, para. 1, item 1 of the IC (when the applicant has chosen this way to guarantee the fulfillment of its obligations);

8.8. a certificate from the relevant bank operating in the Republic of Bulgaria for each separate customer account under Art. 306, para. 1, item 2 of the IC (when the applicant has chosen this way to guarantee the fulfillment of its obligations);

8.9. compulsory insurance contract under Art. 316, para. 2 of the IC (when this method of guaranteeing the applicant's liability is applicable);

8.10. declaration by the insurer to assume full responsibility for the actions of the- under Art. 316, para. 4 of the IC (when this method of guaranteeing the applicant's responsibility is applicable);

8.11. declarations certifying the absence of circumstances under Art. 310, para. 1 and 2 of the IC;

8.12. declaration that the persons under Art. 307, para. 1, item 9 of the IC (the persons from the lists under items 5 and 6 of the request for registration above), including the legal, regulatory or administrative provisions of a third country regulating the activity of one or more natural or legal persons, with which the insurance broker has close links, do not prevent the effective exercise of the supervisory functions of the FSC or the Deputy Chairperson in charge of the Insurance Supervision Department;

8.13. when the persons under Art. 307, para. 1, item 9 the IC (the persons from the lists under item 5 and 6 of the registration request above reside or) are registered in third countries, information about the laws, by-laws and- regulations applicable to them in third countries.

8.14. power of attorney when the request is submitted by a proxy.

Notes: 1. For Bulgarian citizens – a declaration of lack of convictions, respectively information on convictions, is given only for convictions in a country other than the Republic of Bulgaria.

2. For Bulgarian citizens, when information is before about imposed administrative penalties or applied coercive- measures and they are reflected in a public register, only the public register in which they are reflected is indicated.

3. When the diploma for completed higher education is issued in the Republic of Bulgaria and is registered in a public register, the number, date and issuer of the diploma for higher education are indicated.

4. Under each subsection of the annexes to the request, the following is indicated:

– selecting the option "Attach a document" - to submit an application as an attachment;

– selecting the option "By reference", when referring to existing registers or officially known information; free text is filled in; - selecting the option "No attachment" when the annex is not submitted;

5. When submitting the application by filling in a form on the FSC's website, the described attachments are attached to the form. When submitting the application by e-mail, the described attachments are attached to the e-mail.

6. Applications may be submitted in free format (when the documents contain a signature, they may be submitted as scanned copies of documents signed on paper or as files signed with an electronic signature).

I declare the authenticity of the originals of the attached copies of documents.
I am aware of the responsibility under Art. 313 of the Criminal Code.

DATE: _____   REPRESENTATIVE: _____
(Name and signature) \

Note: When submitting the request electronically, the name of the representative is filled in and the document is signed with a qualified electronic signature. When submitting the request by e-mail, the e-mail is also signed with a qualified electronic signature.

Annex No. 9.2: to Art. 6:

Request for registration of a sole proprietor insurance agent (ancillary insurance intermediary), carrying out mediation for insurers from another Member State of the European Union and operating in the Republic of Bulgaria under the freedom to provide services

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TO THE FINANCIAL SUPERVISION COMMISSION

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REQUEST FOR REGISTRATION OF A SOLE PROPRIETOR INSURANCE AGENT (ANCILLARY INSURANCE INTERMEDIARY), CARRYING OUT MEDIATION FOR INSURERS FROM ANOTHER MEMBER STATE OF THE EUROPEAN UNION AND OPERATING IN THE REPUBLIC OF BULGARIA UNDER THE FREEDOM TO PROVIDE SERVICES

By .... ,
(names of the individual Sole proprietor, according to an identity document)

PIN/PN/PFN .... ,
acting as ...., UIC...................................... ,
(name of sole proprietor)
with seat of business..., management address .... ,
correspondence address .... ,
telephone…………., fax...*(if available),*
e-mail ....
.... ,
website*(if available)*
represented by *(if the application is submitted by proxy)*

(Names of the proxy according to identity document)
Note: Filling in each field is mandatory. When the field is marked as "if available", if the relevant information is not available, enter "NA".

DEAR LADIES AND GENTLEMEN,
1. I would like to carry out mediation for an insurer from another member state of the European Union,

a) insurance agents   ————
B) ancillary insurance intermediary   ————
                                           ————

operating in the Republic of Bulgaria under the freedom to provide services as:
(mark your selection)
and I request to be entered in the register under Art. 30, para. 1, item 12 of the Financial Supervision Commission Act.

I. General information about the trader for registration purposes:
1. list of headquarters and addresses of offices and branches (according to Annex No. 2): ....
2. other FSC registers in which the entity is recorded: ....
Note: Filling in each field is mandatory. When the information is not applicable to the sole proprietor, enter "NA".

II. Information for evaluating entry requirements
1. Insurance agency contract (mediation contract):
1.1. I have concluded an insurance agency contract (mediation contract) with an insurer:

Name of the insurer	
Member State of the seat of the insurer	
Seat of the insurer	
Management address of the insurer's office	
Registration number of the insurer	
LEI code of the insurer (where applicable)	

Given consent to the insurer under Art. 315, para. 2 of the IC (yes/no)	

Note: Filling in all cells is mandatory. When the information is not applicable, enter "NA".

1.2. Data about the insurance agency contract (mediation contract):

Date of conclusion	
Starting date from which the intermediary is authorized to carry out actions on the distribution of insurance products	
Final date until which the intermediary is authorized to carry out insurance product distribution activity (if any)	

Note: Filling in all cells is mandatory. When the information is not applicable, enter "NA".

1.3. Classes of insurance for which I am authorized to carry out distribution of insurance products:

Class of insurance	Starting date from which the intermediary is authorized to broker the insurance class	Final date until which the intermediary is authorized to broker the insurance class (if any)

Notes: 1. The row in the table should be repeated and filled in as many times as there are classes of insurance for which the intermediary is authorized to operate.

2. Filling all cells is mandatory. When the information is not applicable, enter "NA".

3. The "Insurance class" field should be filled in using the codes for insurance classes according to Annex No. 6.

2. Other persons authorized to manage or represent my undertaking are:

Number	Names according to identity document	Personal number	Type of personal number (PIN/PN/PFN, when otherwise, to be specified explicitly)	Title

Notes: 1. The row in the table should be copied and filled in as many times as there are persons to be announced. Filling in each cell is mandatory.

2. The following are subject to announcement: procurators and commercial representatives of the sole proprietor.

3. When there are no other authorized persons, enter "NA" in the cells.

3. The persons in managerial positions responsible for carrying out distribution of insurance products are:

Number	Names according to identity document	Personal number	Type of personal number (PIN/PN/PFN, when otherwise, to be specified explicitly)	Title

Notes:

1. The row in the table should be copied and filled in as many times as there are persons to be announced.

2. Filling all cells is mandatory. When there are no other persons in managerial positions responsible for carrying out the activity of distribution of insurance products, enter "NA" in the cells.

4. Guarantees for fulfillment of obligations and liability

I choose to guarantee the fulfillment of my obligations under Art. 316, para. 5 of the Insurance Code with:

4.1. Own funds (yes/no)	
Amount of own funds	

4.2. Customer account(s) (yes/no)		
IBAN	Bank/Branch	Insurer account (yes/no)

Notes: 1. Filling in each cell is mandatory. When the information is in the relevant cells not applicable to the sole proprietor, enter "NA".

2. When item 4.2 is filled in, the row in the tables should be repeated and filled in as many times as there are customer accounts subject to announcement.

My liability as a sole proprietor is guaranteed through:

4.3. Insurance under Art. 316, para. 2 of the IC (yes/no)				
UIC or BULSTAT code of the insurer	Name of the insurer	Policy number	Commencement date of coverage under the policy	End date of coverage under the policy

4.4. Declaration of the insurer under Art. 316, para. 4 of the IC (yes/no)	
Starting date of the declaration	End date of the declaration (if any)

Notes: 1. Completing items 4.3 and 4.4 is mandatory. When filling in the cell is not applicable, enter "NA".

5. Persons who have close links with the applicant:

Number	Names/designation according to identity document/registration	Legal entity (yes/no)	Personal number	Type of personal number (PIN/PN/PFN/UIC, when otherwise, to be indicated explicitly)	Type of links

Note: 1. The row in the table should be copied and filled in as many times as there are persons to be announced. Filling in each cell is mandatory. When the information is not applicable, enter "NA".

2. Close links exist in each of the following cases between the applicant and:

a) any person that the applicant controls directly or indirectly (indicate all persons in the chain of control up to the final controlled undertaking);

b) any person in which the applicant owns a participation of 20 percent or more in the capital or in the voting rights directly or through companies controlled by him;

c) any person with whom the applicant jointly controls a third person.

3. When a personal number issued in a country other than the Republic of Bulgaria is specified, in the column for the type of personal number, the country of issuance of the identity document of the natural person, respectively of registration of the legal entity, should also be indicated.

I am attaching the following documents:

6.1. declarations under Art. 303, para. 1, items 1- 4 of the IC for:

a) the applicant;

b) for any other person authorized to manage or represent the applicant's undertaking;

6.2. a certified copy of a diploma for higher education (or secondary education) and certificate for passed examination under Art. 317, para. 2 (or evidence of acquired professional experience in the field of insurance, as well as completed training under Art. 303, para. 2, item 1 of the IC or a declaration of a successfully passed exam under Art. 303, para. 2, item 2 of the IC) for the applicant:

a) for the sole proprietor applicant;

b) for any other person authorized to manage or represent the applicant's undertaking;

c) for any person in a managerial position in the sole proprietor applicant's undertaking, responsible for carrying out distribution of insurance products;

6.3. a list of data on the addresses of the offices or branches where the insurance mediation activity will be carried out, according to Annex No. 2;

6.4. evidence of owning own funds under Art. 306, para. 1, item 1 of the IC (when the applicant has chosen this way to guarantee the fulfillment of its obligations);

6.5. a certificate from the relevant bank operating in the Republic of Bulgaria for each separate customer

account under Art. 306, para. 1, item 2 of the IC (when the applicant has chosen this way to guarantee the fulfillment of its obligations);

6.6. compulsory insurance contract under Art. 316, para. 2 of the IC (when this method of guaranteeing the applicant's liability is applicable);

6.7. declaration by the insurer to assume full responsibility for the actions of the intermediary under Art. 316, para. 4 of the IC (when this method of guaranteeing the applicant's liability is applicable);

6.8. declarations certifying the absence of circumstances under Art. 310, para. 1 and 2 of the IC;

6.9. declaration that the persons under Art. 307, para. 1, item 9 of the IC (the persons from the lists under item 5 of the request for registration above), including the legal, regulatory or administrative provisions of a third country regulating the activity of one or more natural or legal persons, with which the insurance broker has close links, do not prevent the effective exercise of the supervisory functions of the FSC or the Deputy Chairperson in charge of the Insurance Supervision Department;

6.10. when the persons under Art. 307, para. 1, item 9 the IC (the persons under from the lists under item 5 of the registration request above reside or) are registered in third countries, information about the laws, regulations and administrative regulations applicable to them in third countries;

6.11. power of attorney when the request is submitted by a proxy.

Notes: 1. For Bulgarian citizens – a declaration of lack of convictions, respectively information on convictions, is given only for convictions in a country other than the Republic of Bulgaria.

2. For Bulgarian citizens, when information is before about imposed administrative penalties or applied coercive- measures and they are reflected in a public register, only the public register in which they are reflected is indicated.

3. When the diploma for completed higher education is issued in the Republic of Bulgaria and is registered in a public register, the number, date and issuer of the diploma for higher education are indicated.

4. Under each subsection of the annexes to the request, the following is indicated:

– selecting the option "Attach a document" - to submit an application as an attachment;

– selecting the option "By reference", when referring to existing registers or officially known information; free text is filled in; - selecting the option "No attachment" when the annex is not submitted.

5. When submitting the application by filling in a form on the FSC's website, the described attachments are attached to the form. When submitting the application by e-mail, the described attachments are attached to the e-mail.

6. applications may be submitted in free format (when the documents contain a signature, they may be submitted as scanned copies of documents signed on paper or as files signed with an electronic signature).

I declare the authenticity of the originals of the attached copies of documents.
I am aware of the responsibility under Art. 313 of the Criminal Code.

DATE: _____

APPLICANT: _
(Name and signature)

Note: When submitting the request electronically, the name of the representative is- in and the document is signed with a qualified electronic signature.

 When submitting the request by e-mail, the e-mail is also signed with a qualified electronic signature.

Annex No. 9.3 to Art. 6:

Request for registration of a natural person insurance agent (ancillary insurance intermediary), carrying out mediation for insurers from another Member State of the European Union and operating in the Republic of Bulgaria under the freedom to provide services

TO THE FINANCIAL SUPERVISION COMMISSION

REQUEST FOR REGISTRATION OF A NATURAL PERSON INSURANCE AGENT (ANCILLARY INSURANCE INTERMEDIARY), CARRYING OUT MEDIATION FOR INSURERS FROM ANOTHER MEMBER STATE OF THE EUROPEAN UNION AND OPERATING IN THE REPUBLIC OF BULGARIA UNDER THE FREEDOM TO PROVIDE SERVICES

By .... ,
(Names of the natural person according to identity document)
PIN/PN/PFN .... ,
permanent residential address: country Republic of Bulgaria, settlement .... ,
address .... ,
correspondence address .... ,
telephone…………., fax ....*(if available),*
e-mail .... ,
website .... *(if available)*
represented by ....*(if the application is submitted*
(Names of the proxy according to identity document)
by proxy)
Notes: Filling in each field is mandatory. When the field is marked as "if available", if the relevant information is not available, enter "NA".

DEAR LADIES AND GENTLEMEN,

1. I would like to carry out mediation for an insurer from another member state of the European Union, operating in the Republic of Bulgaria under the freedom to provide services as:

a) insurance agents
B) ancillary insurance intermediary
    (mark your selection)
and I also request to be entered in the register under Art. 30, para. 1, item 12 of the Financial Supervision Commission Act.

I. General information about the person for the purposes of:
1. other FSC registers in which the entity is recorded...................
Note: Filling in the field is mandatory. When the information is not applicable to the relevant natural person, enter "NA".

II. Information for evaluating entry requirements
1. Insurance agency contract (mediation contract):
1.1. I have concluded an insurance agency contract (mediation contract) with an insurer:

Name of the insurer	
Member State of the seat of the insurer	
Seat of the insurer	
Management address of the insurer's office	
Registration number of the insurer	
LEI code of the insurer (where applicable)	
Given consent to the insurer under Art. 315, para. 2 of the IC (yes/no)	

Note: Filling in all cells is mandatory. When the information is not applicable, enter "NA".

1.2. Data about the insurance agency contract (mediation contract):

Date of conclusion	
Starting date from which the intermediary is authorized to carry out actions on the distribution of insurance products	
Final date until which the intermediary is authorized to carry out insurance product distribution activity (if any)	

Note: Filling in all cells is mandatory. When the information is not applicable, enter "NA".

1.3. Classes of insurance for which the intermediary is authorized to carry out distribution of insurance

products:

Class of insurance	Starting date from which the intermediary is authorized to broker the insurance class	Final date until which the intermediary is authorized to broker the insurance class (if any)

Notes: 1. The row in the table should be repeated and filled in as many times as there are classes of insurance for which the intermediary is authorized to operate.

2. Filling all cells is mandatory. When the information is not applicable, enter "NA".

3. The "Insurance class" field should be filled in using the codes for insurance classes according to Annex No. 6.

2. Guarantees for fulfillment of obligations and liability

2.1. Customer account(s) (yes/no)		
IBAN	Bank/Branch	Insurer account (yes/no)

My liability is guaranteed by:

2.2. Insurance under Art. 316, para. 2 of the IC (yes/no)				
UIC or BULSTAT code of the insurer	Name of the insurer	Policy number	Commencement date of coverage under the policy	End date of coverage under the policy

2.3. Declaration of the insurer under Art. 316, para. 4 of the IC (yes/no)	
Starting date of the declaration	End date of the declaration (if any)

Notes: 1. Filling in each cell is mandatory. When filling in the cell is not applicable, enter "NA".

2. When item 2.1 is filled in, the row in the tables should be repeated and filled in as many times as there are customer accounts subject to announcement.

3. Persons who have close links with the applicant:

Number	Names/designations according to identity document/registration	Legal entity (yes/no)	Personal number	Type of personal number (PIN/PN/PFN/UIC, when otherwise, to be specified explicitly)	Type of links

Notes: 1. The row in the table should be copied and filled in as many times as there are persons to be announced. Filling in each cell is mandatory. When filling in the cell is not applicable, enter "NA".

2. Close links exist in each of the following cases between the applicant and:

a) any person that the applicant controls directly or indirectly (indicate all persons in the chain of control up to the final controlled undertaking); b) any person in which the applicant owns a participation of 20 percent or more in the capital or in the voting rights directly or through companies controlled by him;

c) any person with whom the applicant jointly controls a third person.

3. When a personal number issued in a country other than the Republic of Bulgaria is specified, in the column for the type of personal number, the country of issuance of the identity document of the natural person, respectively of registration of the legal entity, should also be indicated.

I am attaching the following documents:

4.1. declarations under Art. 303, para. 1, items 1- 4 of the IC for the applicant:

4.2. a certified copy of a diploma for higher education (or secondary education) and certificate for passed examination under Art. 317, para. 2 (or evidence of acquired professional experience in the field of insurance, as well as completed training under Art. 303, para. 2, item 1 of the IC or a declaration of a successfully passed exam under Art. 303, para. 2, item 2 of the IC) for the applicant:

4.3. a certificate from the relevant bank operating in the Republic of Bulgaria for each separate customer account under Art. 306, para. 1, item 2 of the IC (when the applicant has applied this way to guarantee the fulfillment of its obligations);

4.4. compulsory insurance contract under Art. 316, para. 2 of the IC (when this method of guaranteeing the applicant's liability is applicable);

4.5. declaration by the insurer to assume full responsibility for the actions of the intermediary under Art. 316, para. 4 of the IC, (when this method of guaranteeing the applicant's responsibility is applicable);

4.6. declarations certifying the absence of circumstances under Art. 310, para. 1 and 2 of the IC;

4.7. declaration that the persons under Art. 307, para. 1, item 9 of the IC (the persons from the lists under item 3 of the request for registration above), including the legal, regulatory or administrative provisions of a third country regulating the activity of one or more natural or legal persons, with which the insurance broker has close links, do not prevent the effective exercise of the supervisory functions of the FSC or the Deputy Chairperson in charge of the Insurance Supervision Department;

4.8. when the persons under Art. 307, para. 1, item 9 the IC (the persons under from the lists under item 5 of the registration request above reside or) are registered in third countries, information about the laws, by-laws and- regulations applicable to them in third countries.

4.9. power of attorney when a proxy submits the request.

Notes: 1. For Bulgarian citizens – a declaration of lack of convictions, respectively information on convictions, is given only for convictions in a country other than the Republic of Bulgaria.

2. For Bulgarian citizens, when information is before about imposed administrative penalties or applied coercive- measures and they are reflected in a public register, only the public register in which they are reflected is indicated.

3. When the diploma for completed higher education is issued in the Republic of Bulgaria and is registered in a public register, the number, date and issuer of the diploma for higher education are indicated.

4. Under each subsection of the annexes to the request, the following is indicated:

 – selecting the option "Attach a document" - to submit an application as an attachment;

 – selecting the option "By reference", when referring to existing registers or officially known information; free text is filled in; - selecting the option "No attachment" when the annex is not submitted.

5. When submitting the application by filling in a form on the FSC's website, the described attachments are attached to the form. When submitting the application by e-mail, the described attachments are attached to the e-mail.

6. Annexes may be submitted in free format (when the documents contain a signature, they may be submitted as scanned copies of documents signed on paper or as files signed with an electronic signature).

I declare the authenticity of the originals of the attached copies of documents.

I am aware of the responsibility under Art. 313 of the Criminal Code.

DATE: _____   APPLICANT: _

                                                                                (Name and signature)

Note: When submitting the request electronically, the name of the applicant is filled in and the document is signed with a qualified electronic signature. When submitting the request by e-mail, the e-mail is also signed with a qualified electronic signature.