**Application Form Required for Listing Reinsurer’s Branch**

**On the FRA Reinsurer’s List**

|  |  |
| --- | --- |
| **Name Of The Reinsurer’s Branch** |  |
| **The Reinsurer’s Branch Domiciled Country** |  |
| **The Name of the Parent Company**  **\* The Parent Company Ref no. In FRA List** |  |
| **Contact Person** | **Name:**  **Title:**  **E-mail:** |
| **Type of Business** | * **Property& Casuality** * **Life & Medical** * **Both** |
| **The Reinsurer’s Branch Official Website** |  |
| **The Parent Company Official Website** |  |
| **Name of Regulatory and Supervisory Authority**  **License Attached\*** |  |
| **The Regulatory and Supervisory Authority Official Website** |  |
| **Financial & Issuer Credit Rating**  **Document attached\*** | * **A.M. Best** * **Standard & poor’s** * **Moody’s** * **Fitch** * **N/R** |
| **share capital (if any)**  **The Separated Audited Financial Results for the Past Three Years to be Attached\*** |  |

**The applicant signature The applicant stamp**

**Kindly Request That the Application Form/ Inquiry be submitted to the Following Email Address:**

[cd-Reinsurance@fra.gov.eg](mailto:cd-Reinsurance@fra.gov.eg)