**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