



الهيئة العامة للإشراف المالي  
FINANCIAL REGULATORY AUTHORITY



## **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	<input type="radio"/> Property & Casualty <input type="radio"/> Life & Medical <input type="radio"/> 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	<input type="radio"/> A.M. Best <input type="radio"/> Standard & poor's <input type="radio"/> Moody's <input type="radio"/> Fitch <input type="radio"/> N/R
Document attached*	
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)