



الهيئة العامة للإشراف المالي
FINANCIAL REGULATORY AUTHORITY



Application Form Required For Listing Reinsurers On the FRA Reinsurer's List



Name of The Reinsurer	
The Reinsurer Domiciled country	
Contact Person	Name: Title: E-mail:
legal Form Of The Reinsurer	<input type="radio"/> Holding co. <input type="radio"/> Parent co. <input type="radio"/> Subsidiary co. <input type="radio"/> Others
Type Of Business	<input type="radio"/> Property & Casualty <input type="radio"/> Life & Medical <input type="radio"/> both
The 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
Document Attached*	<input type="radio"/> N/R
Share Capital (Paid)	
The Separated Audited Financial Statement 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

