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

Name of Applicant	
Name of Reinsurer	
Reinsurer Domiciled country	
Reinsurer Contact Person	**Name:** **Title:** **E-mail:**
legal Form Of The Reinsurer (please specify in case of choosing "others")	○ **Holding co.** ○ **Parent co.** ○ **Subsidiary co.** ○ **Others**
Type Of The Reinsurer	○ **Conventional** ○ **Both** ○ **Takaful**
Type Of Activity	○ **Property& Casuality** ○ **Life** ○ **Medical** ○ **Both**
Line of Business/ceded share	
Type Of Business	○ **Treaty** ○ **Facultative** ○ **Fac- obligatory**
The Official Website	
Name Of Regulatory and Supervisory Authority **License to be Attached***	
The Regulatory and Supervisory Authority Official Website	
Financial strength rating (FSR) of the reinsurer **Document to be Attached***	○ **A.M. Best** ○ **Standard & poor's** ○ **Moody's** ○ **Fitch**
sovereign rating of the reinsurer Domiciled Country	○ **A.M. Best** ○ **Standard & poor's** ○ **Moody's** ○ **Fitch**
Type of dealing (please specify in case of choosing "others")	○ **Direct** ○ **Via Reinsurance Broker** ○ **Via MGA** ○ **Other**

Share Capital (Paid) **Shareholder equity** **Profit/loss of the year** **The Audited Separated Financial Statement For The Past Three Years To Be Attached***	

The applicant signature **The applicant stamp**

Kindly note:

- The documents mentioned in article (3) of the decision of the Board of Directors of the Authority No. (230) for the year 2025 Application as well as the Form/ Inquiry must be submitted to the Following Email Address: cd- Reinsurance@fra.gov.eg

- Disclaimer: This form has been prepared in accordance with the provisions of the decision of the Board of Directors of the Authority No. (230) for the year 2025, for the inclusion of foreign insurance and reinsurance companies in all their legal forms, with the exception of syndicates, protection and indemnity clubs, Lloyd's associations/offices, and general managing agents.