



Swedish Companies Registration Office

SE-851 81 Sundsvall, Sweden

+46 771-670 670

bolagsverket.se

Avregistrering av anknuten försäkringsförmedlare | Deregistration of tied insurance intermediary

Fill in the form on your computer or legibly by hand. Sign the form and send the original.

More information on page 2.

Skicka till | Send to

Bolagsverket

SE-851 81 Sundsvall, Sweden

1. Försäkringsföretag eller den försäkringsförmedlare som förmedlaren är anknuten till | Insurance company or insurance intermediary that the intermediary is tied to

Förnamn och efternamn eller företagsnamn First name and surname or business name		Pnr/org.nr Personal identity no./Registration no.	Deposit account, if any, 3 digits
Postadress Postal address			
Postnr Postcode	Postort Town/City	E-postadress Insurance company's or insurance intermediary's email address	
Kontaktpersonens förnamn och efternamn Contact person's first name and surname			Telefonnummer Telephone number daytime
Kontaktpersonens e-postadress Contact person's email address			

2. Anknuten försäkringsförmedlare | Tied insurance intermediary

Natural person or legal entity.

Förnamn och efternamn eller företagsnamn First name and surname or business name		Pnr eller org.nr Personal identity no./Registration no.	
Postadress Postal address		Postnr Postcode	Postort Town/City
E-postadress Email address		Telefonnummer Telephone number	



3. Underskrift | Signature, please use blue ink

Datum Date	Namnteckning Sign name	Namnförtydligande Print name
Datum Date	Namnteckning Sign name	Namnförtydligande Print name

Registreringsavgift | Registration fee

We will send a notification to the contact person with information about the registration fee and how to pay it. We can start processing your application when we have received the payment.

Information

Use this form when you want to deregister a tied insurance intermediary. When the application has been registered we will send you an extract from the business register in Swedish. More information is available on bolagsverket.se.

1. Insurance company or insurance intermediary that the intermediary is tied to

Fill in the name and address of the insurance company or insurance intermediary. If you choose to have a contact person or an agent, fill in their name and telephone number. If the agent has a deposit account with Bolagsverket and wants to use this for payment of the registration fee, fill in the three-digit account number.

2. Tied insurance intermediary

Fill in the name and address of the insurance intermediary.

3. Signature

Authorised signatories for the insurance company or the intermediary that the tied insurance intermediary is deregistering from must sign the form. If the tied insurance intermediary being deregistered has a permit of their own from Finansinspektionen (the Swedish financial supervisory authority), authorised signatories for the tied insurance intermediary must sign the form.

Swedish laws and references

- Insurance Distribution Act (2018:1219)
- Insurance Distribution Ordinance (2018:1231)
- Finansinspektionen's regulations and general guidelines on insurance distribution (FFFS 2018:10)