

## Anmälan om försäkringsförmedlare | Application for registration of 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. Anmälan gäller | Application regarding

- Registrering av försäkringsförmedlare (huvudverksamhet) | Registration of insurance intermediary (primary business operation)
- Registrering av sidoverksam försäkringsförmedlare | Registration of ancillary insurance intermediary
- Ändring av tidigare registrerade uppgifter, skriv ändringen, t.ex. adressändring | Change to previously registered information eg address (state type of change)

### 2. Försäkringsförmedlare | Insurance intermediary

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	Försäkringsförmedlarens e-postadress   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			

### 3. Ändringar och övriga upplysningar | Changes and additional information



### 4. 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 register an insurance intermediary or notify us of changes. 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](https://bolagsverket.se).

## 1. Application regarding

Tick the relevant boxes for this application.

## 2. Insurance intermediary

Fill in the name and address of the person or legal entity who has been granted permission from Finansinspektionen to carry out insurance mediation activities. 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.

## 3. Changes and additional information

State the type of change here or add extra information.

## 4. Signature

The insurance intermediary must sign the form. If the insurance intermediary is a legal entity, authorised signatories must sign the form.

## Attachment

- Finansinspektionen's (the Swedish financial supervisory authority) decision to grant permission for insurance mediation activities (certified copy).

## 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).