



Swedish Companies Registration Office

SE-851 81 Sundsvall, Sweden

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bolagsverket.se

Anmälan om anknuten försäkringsförmedlare | Application for registration 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 4.

Skicka till | Send to

Bolagsverket

SE-851 81 Sundsvall, Sweden

1. Anmälan gäller | Application regarding

<input type="checkbox"/>	Registrering av anknuten försäkringsförmedlare Registration of tied insurance intermediary (primary business operation)
<input type="checkbox"/>	Registrering av anknuten sidoverksam försäkringsförmedlare Registration of ancillary tied insurance intermediary
<input type="checkbox"/>	Ändring av tidigare registrerade uppgifter, skriv ändringen, t.ex. adressändring eller ändring av förmedlingsuppdrag Change to previously registered information eg address or type of intermediary work (state type of change)

2. Försäkringsföretaget eller försäkringsförmedlaren 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			

3. 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

4. Försäkringsförmedlarens verksamhet | The business activities of the insurance intermediary

Direct	Indirect	Försäkringsslag Type of insurance
<input type="checkbox"/>	<input type="checkbox"/>	Livförsäkring Life insurance
<input type="checkbox"/>	<input type="checkbox"/>	Skadeförsäkring Non-life insurance
Direct	Indirect	Försäkringsklasser Insurance categories
<input type="checkbox"/>	<input type="checkbox"/>	Ia. Livförsäkring Life insurance
<input type="checkbox"/>	<input type="checkbox"/>	Ib. Tilläggförsäkring till livförsäkring Supplementary policy to life insurance
<input type="checkbox"/>	<input type="checkbox"/>	II. Giftermåls- och födelseförsäkring Marriage and birth insurance
<input type="checkbox"/>	<input type="checkbox"/>	III. Försäkring anknuten till värdepappersfonder Insurance linked to securities funds
<input type="checkbox"/>	<input type="checkbox"/>	IV. Lång olycksfall- och sjukförsäkring Long-term accident and health insurance
<input type="checkbox"/>	<input type="checkbox"/>	Försäkringsbaserade investeringsprodukter (IBIPS) Insurance-based investment products (IBIPS)

4. continued. Försäkringsförmedlarens verksamhet | The business activities of the insurance intermediary

Direct	Indirect	Försäkringsklasser Insurance categories
<input type="checkbox"/>	<input type="checkbox"/>	Vissa pensionsförsäkringar Certain types of pension insurance
<input type="checkbox"/>	<input type="checkbox"/>	1. Olycksfall Accident
<input type="checkbox"/>	<input type="checkbox"/>	2. Sjukdom Health
<input type="checkbox"/>	<input type="checkbox"/>	3. Landfordon Land vehicles
<input type="checkbox"/>	<input type="checkbox"/>	4. Spårfordon Rail vehicles
<input type="checkbox"/>	<input type="checkbox"/>	5. Luftfartyg Aviation
<input type="checkbox"/>	<input type="checkbox"/>	6. Fartyg Marine vessels
<input type="checkbox"/>	<input type="checkbox"/>	7. Godstransport Transport of goods
<input type="checkbox"/>	<input type="checkbox"/>	8. Brand och naturkrafter Fire and natural forces
<input type="checkbox"/>	<input type="checkbox"/>	9. Annan sakskada Other damage to property
<input type="checkbox"/>	<input type="checkbox"/>	10. Motorfordonsansvar Motor vehicles liability
<input type="checkbox"/>	<input type="checkbox"/>	11. Luftfartygsansvar Aviation liability
<input type="checkbox"/>	<input type="checkbox"/>	12. Fartygsansvar Marine vessel liability
<input type="checkbox"/>	<input type="checkbox"/>	13. Allmän ansvarighet General liability
<input type="checkbox"/>	<input type="checkbox"/>	14. Kredit Credit
<input type="checkbox"/>	<input type="checkbox"/>	15. Borgen Suretyship
<input type="checkbox"/>	<input type="checkbox"/>	16. Annan förmögenhetsskada Miscellaneous financial loss
<input type="checkbox"/>	<input type="checkbox"/>	17. Rättsskydd Legal defence
<input type="checkbox"/>	<input type="checkbox"/>	18. Assistans Assistance
Direct	Indirect	Försäkringsgrupper Insurance groups
<input type="checkbox"/>	<input type="checkbox"/>	a. Olycksfalls- och sjukförsäkring Accident and health insurance
<input type="checkbox"/>	<input type="checkbox"/>	b. Motorfordonsförsäkring Motor vehicle insurance
<input type="checkbox"/>	<input type="checkbox"/>	c. Sjö- och transportförsäkring Marine and transport insurance
<input type="checkbox"/>	<input type="checkbox"/>	d. Luftfartsförsäkring Aviation insurance
<input type="checkbox"/>	<input type="checkbox"/>	e. Försäkring mot brand och annan skada på egendom Insurance against fire and other damage to property
<input type="checkbox"/>	<input type="checkbox"/>	f. Ansvarsförsäkring Liability insurance
<input type="checkbox"/>	<input type="checkbox"/>	g. Kredit- och borgensförsäkring Credit and suretyship insurance

5. Övrigt | Additional information

**6. 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 a tied 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.

The application for registration of a tied insurance intermediary must be done by the insurance company or insurance intermediary that the intermediary is tied to.

1. Application regarding

Tick the relevant boxes for this application.

2. 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.

Attachments – if the insurance company is a foreign-based insurance company

- A certificate of registration or equivalent document (certified copy) for the foreign-based insurance company. The certificate should be no more than six months old.
- A document (certified copy) showing who has signatory power for the foreign-based insurance company – if this information is not given on the certificate of registration or equivalent document.

3. Tied insurance intermediary

Fill in the name and address of the insurance intermediary.

4. The business activities of the tied insurance intermediary

Tick the boxes stating which insurance types, categories and groups the insurance intermediary will be working with.

5. Additional information

When notifying us of changes in the type of intermediary work, state which insurance types, categories or groups of insurance categories the change applies to.

6. Signature

Who should sign the application form?

- Registration of a tied insurance intermediary – authorised signatory for the insurance company that the registering intermediary will be tied to.
- Registration of an ancillary tied insurance intermediary – authorised signatory for the insurance company or intermediary that the registering intermediary will be tied to.

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)