



## Broker Application Form

### 1.1 Applicant: Contact Details.

Name of Company

Street

City

Country

Postal Address

Website Address

### 1.2 Applicant : Information

Country of incorporation (Domicile):

Registration Number:

Date of incorporation / establishment: (\*)

Legal Status

Group of which the Applicant forms part (if applicable):

### Names and full addresses of all of Applicant's five major shareholders:

Name (\*)

Full Address (\*)

Name

Full Address

Name

Full Address

Name

Full Address

Name

Full Address

Description of Applicant's business activities:

### 1.3 Applicant: Contact Person

Position:



Title	<input type="text"/>
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Telephone:	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>
Number of Years of Experience in the lines of business relevant to Dhaman (i.e. Political, non-commercial and commercial) insurance business;	<input type="text"/>
Number Of Clients	<input type="text"/>
Number Of Projects	<input type="text"/>
Aggregate Amount	<input type="text"/>

Please attach the following documents to the application and email to [slim@dhaman.org](mailto:slim@dhaman.org)

- Broker's License
- Financial Reports for the last 3 years.
- Policy wordings
- The company's business profile, including organization chart and brief CV of key staff.