



INSTRUCTIONS

1. Contact:

BC Financial Services Authority
600-750 West Pender Street
Vancouver, B.C. V6C 2T8

Web: https://bcfsa.ca/

T 604.660-3555 Toll-free: 1.866.206.3030 (BC)

F 866.660.3365 Email: info@bcfsa.ca

2. This form is for the use of companies seeking initial registration as a captive insurance company under section 6 of the Insurance (Captive Company) Act.

3. Excepting the certifying signatures, this form must not be handwritten.

4. Please submit the completed form, along with all other requirements in respect of the application for registration, via the Integrated Regulatory Information System ("IRIS") Portal which can be accessed at BC Financial Services Authority's ("BCFSA") website.

PART A – APPLICANT DETAILS

This application is to register (in accordance with the definitions under section 1 of the Insurance (Captive Company) Act):

- Pure Captive Insurance Company
Association Captive Insurance Company
Sophisticated Insured Captive Insurance Company

Form with fields: Name of Captive Insurance Company, Captive Fiscal Year End (proposed), Parent Company or Association, Parent/Association Fiscal Year End, Captive Incorporation Number, Date of Incorporation, Registered Address, Records Address.

PART B – APPLICATION CONTACT DETAILS

Form with fields: Name, Title, Email Address, Phone Number.

PART C – SHAREHOLDER INFORMATION

Please enter information about the Shareholder(s) and capitalization of the captive:

Name	Location	Number of Shares Held	Par Value Per Share	Cash Consideration
TOTAL ISSUED SHARES:			TOTAL CAPITAL	\$

PART D – DIRECTOR INFORMATION

Please enter information in respect of the Directors of the captive:

Name	Street Address	City	Postal Code	Email	Phone Number	Citizenship

PART E – OFFICER INFORMATION

Please enter information in respect of the Officers of the captive:

Name	Street Address	City	Postal Code	Email	Phone Number	Citizenship

PART F – APPOINTED ACTUARY INFORMATION

Name of Firm

Name of Appointed Actuary

Address

Email Address

Phone

PART G – EXTERNAL AUDITOR INFORMATION

Name of Firm	Name of Partner
Address	
Email Address	Phone

PART H – CAPTIVE MANAGER INFORMATION

Name of Firm	Name of Captive Manager
Address	
Email Address	Phone

PART I – SOPHISTICATED INSURED CAPTIVE

Please enter information in respect of Sophisticated Insureds – only to be completed for Sophisticated Insureds Captive Registration

Name	Street Address	City	Email	Phone Number	Citizenship	Aggregate Annual Premiums
TOTAL:						

PART G – CERTIFICATIONS

Name	Title
Declared in the Province of British Columbia at:	Date

I, _____, solemnly declare that, to the best of my knowledge, and conscientiously believing it to be true, the information provided in support of this application for registration of a captive insurance company is correct and complete in all material aspects and I hereby undertake to notify BC Financial Services Authority immediately, in writing, in the event that there is any material change to any of the information provided within this form or any supporting documents to the application.

Signature

Name	Title
Declared in the Province of British Columbia at:	Date

I, _____, solemnly declare that, to the best of my knowledge, and conscientiously believing it to be true, the information provided in support of this application for registration of a captive insurance company is correct and complete in all material aspects and I hereby undertake to notify BC Financial Services Authority immediately, in writing, in the event that there is any material change to any of the information provided within this form or any supporting documents to the application.

Signature