

Sample Application Form for Establishment of a Branch in Mainland China by a Taiwan Insurer

Addressee: Insurance Bureau, Financial Supervisory Commission, Executive Yuan

Subject: Please find attached the following documents submitted in triplicate according to the provisions of Article 14 of the Regulations Governing Approval for Insurance Companies to Engage in Insurance Activities between Taiwan Region and Mainland China for approval for establishment of

- a representative office
- a branch office in Mainland China.
- a subsidiary

Branch to be established in Mainland China	1. Proposed name: ○○ Insurance Company
	2. Proposed address for the office: No. ○○, ○○ Road, ○○ City, ○○Province
	3. Proposed responsible person or representative: ○○○
	Proposed capital and subscribed capital: (filled in for the subsidiary only): RMB ○○○ (equivalent to NT\$ ○○○)
	Proposed operating capital: (filled in for the branch office only): US\$ ○○○ (equivalent to NT\$ ○○○)

Documents for submission	<ol style="list-style-type: none"> 1. Board minutes; 2. Financial statements audited by certified public accountants for the past three years; 3. Feasibility study report 4. Business proposal; 5. Business risk assessment, cost benefit analysis, and concrete risk control plan; 6. Stage-by-stage analysis of possible injection of capital or subscribed capital in the future; 7. Internal control and audit system and regulations on operation management and performance assessment; 8. Report on the capital adequacy of the insurer; 9. Certificates certifying compliance with the provisions of Paragraph 1 of Article 16 of the Regulations Governing Approval for Insurance Companies to Engage in Insurance Activities between Taiwan Region and Mainland China; 10. Qualification certificates for the proposed responsible person; and 11. Other documents required by the competent authorities. <p>(note: where the insurer applies to establish a representative office in Mainland China, the documents mentioned in Paragraphs 3 to 9 herein are not required.)</p>
<p>Applicant: ○○ Insurance Company (seal)</p> <p>Responsible person: ○○○ (Signature or seal)</p> <p>Contact person: ○○○ Telephone: 02-0000-0000 Fax: 02-0000-0000</p> <p>Correspondence address: No. ○○, ○○ Road, Taipei City</p> <p>Application date: ○○○</p>	