

**Member
Application
Form**

Please return the completed form, preferably by email, to:

International Association of Insurance Supervisors
c/o Bank for International Settlements
CH-4002 Basel
Switzerland

Telephone + 41 61 280 80 90
E-mail info@iais.org
Website www.iais.org

Name of organisation	.....
Address	.....
City	.....
Country	.....
General Telephone	.....
General Email	.....
Website	.....
Name of representative	.....
Job title	.....
Email	.....
Direct telephone	.....
Direct Fax	.....

Additionally, please provide (in English):

- A description of your organisation and its responsibilities, in particular for insurance supervision
- An extract from the law or regulation that states your authority
- Confirmation that your authority does not underwrite, sell or otherwise provide insurance or reinsurance
- Any relevant information on your authority such as the annual report and website address

Please contact the IAIS Secretariat for the fee applicable to your jurisdiction. On receipt of a completed application form and the relevant documents, the Secretariat will confirm further details regarding the application process and payment.