



LUXEMBOURG INSURANCE
AND REINSURANCE ASSOCIATION

EFFECTIVE MEMBERSHIP APPLICATION FORM REINSURANCE

COMPANY

Name of the company:

Date of foundation:

Phone:

Official website:

Registered Office:

Trade register:

Number of employees:

REPRESENTATIVE

Name of the legal representative:

Phone:

E-mail:

Address (private):

Country:

BUSINESS LINES

	Luxembourg	Other markets (please specify)
Premium income (previous year)		

SUBSIDIARIES (IF ANY)

Name	Name	Name



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MOTIVATION TO JOIN ACA

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SIGNATURE

Signature of the legal representative:

Date:

Mandatory:

Applications for membership to ACA are submitted in writing to the Chairman and admission is decided by the ACA Board of Directors. With your application, you will need to submit a number of standard corporate documents:

- a copy of the CAA's approval of the legal representative
- a copy of the CAA's approval of the company
- a copy of the company's articles of incorporation