Form of application for business license
[Rule 16]

The Chairman
Insurance Business Regulatory Board
Ministry of Planning and Finance

                                                            Date

RE: Application for License to operate as an insurer / underwriting agent / insurance broker.

We hereby apply for business license to establish an insurance company / underwriting agency / insurance broking company in pursuance with the Insurance Business Law.

1. Name of company   --
2. Type of company   --
3. Company Registration No. --
4. Date of establishment   --
5. Contact Address   --
6. Phone , Fax, PO Box   --
7. Place of operation   --
8. Type of business license ---
9. If application is for license to operate as and insurer,
     Type(s) of insurance applied   (a)   ---
                                         (b)   ---
10. Experience in insurance business   ---
11. Applicant's
     (a)   authorized capital(In figure)Kyats --
                                  (In words) kyats --
     (b) paid-up capital   (In figure) Kyats --
                              (In words) kyats --

                                          2

12. Fund of company deposit at   Name of Bank   Account No.
                                     (a)-------------   ----------------
                                     (b)-------------   ---------------
                                     (c)-------------   -----------------

13. Information relating to principal officer of the company
     (a)   Name   --
     (b) Father's name   --
     (c) NRC/ FRC No.   --

(d) Educational qualifications   ------------------------------------

(e) Age (Date of birth)   ------------------------------------

(f) Experience in insurance business   ----------------------------

(g) Name and address of insurance organization(s)
where he / she was employed   ----------------------------------

(h) Rank in the above organization   -------------------------------

14. If the applicant is a company corporate abroad : -

(a) Name of company   --

(b) Date of establishment   --

(c) Address   --

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(d) Authorized capital   --

(e) Paid-up capital   --

(f) Previous year's premium income (Total)   -------------------

(g) Previous year's premium income (Net)   -------------------

Signature on behalf of the applicant
Name   --------------------------
NRC /FRC No.   --------------------------
Rank   --------------------------

15. Documents attached-

(a)   Memorandum and article of association.

(b)   Certificate of registration of company incorporation pursuant to
Myanmar Companies Act or Special Companies Act (1950)

Note-Please delete as necessary.