



F.A.I.R. Membership Application Form

Name of the Company :

Management

Name: :

Post: :

Name: :

Post: :

Classes of Insurance and/or Reinsurance Business

- Life
- Non-Life
- Composite
- Takaful

Head Office address :
.....

P. O. Box :

Tel :

Fax :

E-Mail :

Web-Site :

Capital:

Subscribed :

Paid Up Capital :

Owned By: % National Entities or Individuals
..... % Others from Afro-Asian Countries
..... % Others from Non Afro-Asian Countries

Establishment Date :

Signature
.....