

## Form KMP - 1

**Information relating to proposed Key Management Person Mr./Ms.\*\* [x], Chief Executive Officer / Chief Compliance Officer/ Chief Financial Officer / Chief Underwriting Officer, as at [Date] in terms of Clause 7.5 of 'Guidelines on Corporate Governance'**

**Name of Insurer: Lloyd's India**

1. Name (and any previous names) of KMP:
2. Present Residential Address:
3. Current Telephone, Fax and E-mail Addresses:
4. Date and Place of Birth:
5. Nationality (and any previous Nationality):
6. Passport / Identity Card:
7. Number:
  - a. Date and Place of Issue:
  - b. Date of expiry:
  - c. Issuing Authority:
8. Name and Address of Bank:
9. Details and Dates of Academic Qualification:
10. Details and Dates of Professional Qualification:
11. Description of the position (including responsibilities) and proposed date of commencement:
12. Experience:(covering preceding 5 years)
13.
  - a. Details of previous employment (in the last 5 years):
  - b. If previous employer was regulated by a regulatory body, then:
    1. Name of the Previous Employer:
    2. Nature of Employer's business:
    3. Name of the Regulatory body supervising the Employer:
    4. Last Designation (including duties & responsibilities):
    5. Date of Appointment:

6. Date of resignation:
14. Details of other business interests of the Key Management Person during the preceding 5 years in the form of holding equity shares in excess of 2% or Directorships in any other entity.
15. Relationship of KMP with the Insurer and related parties of insurer, if any:-
- Details of shareholdings or voting powers in excess of 2% in the Insurer and related parties of insurer:
  - Details of any Business relationships with the Insurer or related parties of insurer:
  - Details of any Business relationships between the Directors' and key management persons' former employers and the insurer or related parties of insurer:
16. Full details on the Key Management Persons' reputation and character:-
- whether the applicant has ever been declared bankrupt;
  - details of convictions for any offence involving fraud or other dishonesty;
  - any disqualification from acting as a Director/ Key Management Person in any company;
  - whether the Director or key person has ever been refused (or had revoked) a licence or authorization to carry on any regulated financial business during past five years.
17. Details of any censure or disciplinary action initiated by any government, regulatory or professional body:
18. Details of any dismissals from office or employment, subjection to disciplinary proceedings by the previous employer or refusal of entry into any profession or occupation:
19. Details of conviction, if any of the Key Management Person for any offence involving moral turpitude:
20. Whether any governmental, regulatory or professional body has ever investigated any employer, company or organisation with which the Key Management Person has been associated as a director, officer, manager or shareholder?
21. Whether any company or organisation with which the Key Management Person was associated as a director, officer, manager, has ever been wound up, gone into receivership or ceased trading either whilst the Key Management Person was associated with it; or within one year after the Key Management Person so ceased to be associated?
22. Please mention whether the Key Management Person is also an Insurance Corporate Agent, employee of Insurance Broker, Director or Employee of any other insurance intermediaries or Insurer or reinsurer in India or in any foreign

country or director of any other company in India or in any foreign country.

23. Whether the Key Management Person is into the full time employment of the insurer? If not, then please give the full detail of other employment/ engagement:
24. Whether the key management person is on deputation / secondment from any other organisation?  
If yes,
- a. furnish the full particulars of the Parent Organisation:
  - b. whether any remuneration etc is paid by the Parent Organisation, if so complete detail of the remuneration:
25. Whether the Key Person is into the full time / part time employment of any group company / associated company or the promoting partner of the insurer?

It is certified that the above information is true to the best of my knowledge and belief and if anything reported herein is found to be false or incorrect, then I shall be liable for appropriate action.

**Key Management Person**  
**(Applicant)**

**Chief Compliance Officer**

**Date:**

**Place:**