



BIA

جمعية التأمين البحرينية
BAHRAIN INSURANCE ASSOCIATION

Company Name:
Year Established:
Authorized Capital:
Paid up Capital:
Commercial Registration no:
Location Address:
Post Office Box:
Telephone & Fax:
E-mail Address:
Web Page Address:
Number of Branch offices:

<u>Management</u>	
Title	Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	



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Major Shareholders:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Board of Directors:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Authorized Signature & Seal:

Please submit the following documents with this application:

1. CBB license Certificate
2. Copy of company Commercial Registering (CR).
3. The company's latest Balance Sheet.