



# BIA

جمعية التأمين البحرينية  
BAHRAIN INSURANCE ASSOCIATION

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

<b><u>Management</u></b>	
<b>Title</b>	<b>Name</b>
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.