



THE UNITED REPUBLIC OF TANZANIA  
TANZANIA INSURANCE REGULATORY  
AUTHORITY



On reply please refer:

Ref. No. DA.112/428/02/11

Date: 31<sup>st</sup> October, 2022

TO ALL INSURANCE DIGITAL PLATFORMS (IDPs)

**ANNUAL LICENCE MAINTAINANCE REQUIREMENT FOR THE YEAR 2023**

Pursuant to Insurance Act (Cap394) which governs the issuance of registration; you are required to file in each calendar year before 30<sup>th</sup> November all necessary documents for the maintenance of your registration status during that year and make all payments as provided in the Third Schedule to the Insurance Regulations GN 372 of 2009.

The filing of annual maintenance documents for the year 2023 shall be made not later than 30<sup>th</sup> November, 2022 through the TIRA Online Registration System (ORS) that is accessible through <https://ors.tira.go.tz/#/>. (Guideline on submission of documents is hereby attached).

The filing of documents shall be made upon payment of an application fee of Tshs. 25,000/= (Twenty-five thousands) and payment of Annual Fee of Tshs 750,000/- (Seven hundred fifty Thousands).

All Payments must be deposited through Government Electronic Payment Gateway (GePG); the control number shall be generated through TIRA Online Registration System (ORS).

The following documents shall be furnished to the Authority;

- (a) Information on your current Principal Officer including;



**TIRA HEAD OFFICE:**

LAPF HOUSE, 5<sup>th</sup> Floor, Makole Street, P.O. Box 2987 DODOMA, Tanzania, Tel: +255 26 2321180, Fax: +255 26 2321180, Website: [www.tira.go.tz](http://www.tira.go.tz), Email: [coi@tira.go.tz](mailto:coi@tira.go.tz)

**Dar es salaam Sub-Office:**

TIRA House Block 33 Plot No: 85/2115, Mtendeni Street, P.O. BOX 9892, Dar Es Salaam, Tel: +255222132537/2110120/2110131, Email: [CoI@tira.go.tz](mailto:CoI@tira.go.tz)

**Zanzibar Office:**

TIRA House, Kilimani Street, P.O. Box 133 Zanzibar, Tel: +255 24 2237271, Fax: +255 242237272, Email: [dcoi@tira.go.tz](mailto:dcoi@tira.go.tz)

**Lake Zone**

5th Floor, PPF House, Kenyatta Road  
P.O.Box 114, Mwanza,  
Tel: +255282506000  
Email: [lake@tira.go.tz](mailto:lake@tira.go.tz)

**Northern Zone**

NSSF Building Kaloleni, 5th Floor,  
P. O. Box 15468, Arusha,  
Tel: +255272520017,  
Email: [northern@tira.go.tz](mailto:northern@tira.go.tz)

**Southern Highlands Zone**

NHIF Building, Karume Avenue, 4th Floor,  
P.O.Box 1618 Mbeya,  
Tel: +255 252957324  
Email: [southern@tira.go.tz](mailto:southern@tira.go.tz)

- Updated CV
- Professional certificates (as specified under the insurance Act cap 394).

**Employment contract**

- Declaration statements on solvency and good character in case of foreigner a copy of passport, work permit need to be submitted.
- (b) Insurance Professional Indemnity policy with Sum insured not less than Tshs 100 m/-
- (c) Cyber Liability Insurance policy with Sum Insured of at least TZS 500 Million

**A penalty amounted to TZS 40,000/= per day (Forty thousand shillings) would be imposed in respect of late filing of annual maintenance documents and for incomplete documentation. The last date for filing of annual maintenance documents is 30<sup>th</sup> November 2022.**


**Every registrant MUST pay all outstanding penalties which have been imposed by the Authority for the previous year.**

**Submission**

The submission shall be through the TIRA ORS as per the provided link, for further clarification kindly contact the following emails [humphrey.busumabu@tira.go.tz](mailto:humphrey.busumabu@tira.go.tz), [mussa.mkumbwa@tira.go.tz](mailto:mussa.mkumbwa@tira.go.tz), [paul.ngangaji@tira.go.tz](mailto:paul.ngangaji@tira.go.tz), [jacqueline.moshi@tira.go.tz](mailto:jacqueline.moshi@tira.go.tz), [victoria.mwavilenga@tira.go.tz](mailto:victoria.mwavilenga@tira.go.tz) and [vivian.mayunga@tira.go.tz](mailto:vivian.mayunga@tira.go.tz)

**Note:** All applicants are required to update their information / records and upload the same in the system as per space provided.

Yours Sincerely

  
Dr. Baghayo A. Saqware  
**COMMISSIONER OF INSURANCE**

**ANNEXURE 1**

Name of Principal Officer: .....  
Name of Reinsurance Broker: .....  
Physical Address: .....  
P.O. Box .....  
Region: .....

Name of Manager or In-charge: .....  
Name of Bank or Financial Institution: .....  
Physical Address: .....  
P.O. Box .....  
Region: .....

**RE: MAINTENANCE OF PAID UP CAPITAL FOR THE YEAR 2022**

We, ..... wish to invest TZS ..... in fixed deposit in your Bank for a period of ..... This fixed deposit is strictly for the purpose of Regulation 18 (4) (b) of The Insurance Regulations 2009. We further declare that this prescribe amount shall not be withdrawn without prior consent from the **Commissioner of Insurance**.

**Yours sincerely;**

.....  
**Principal Officer**

Cc: Dr. Baghayo A. Saqware  
Commissioner of Insurance  
Tanzania Insurance Regulatory Authority  
TIRA Head Office, LAPF HOUSE, 5th Floor,  
Makole Street,  
P.O. Box 2987  
Dodoma, Tanzania.

**ACCEPTANCE BY THE FINANCIAL INSTITUTION:**

Please be informed that your request to invest ..... in a fixed deposit for the period of ..... for the purpose of **Regulation 18 (4) (b) of The Insurance Regulations 2009** has been **accepted** by ..... Same will not be withdrawn without consent from the Commissioner of Insurance. Complete details of your company's fixed deposit are stipulated in exhibit below:

|                               |  |
|-------------------------------|--|
| <b>Serial Number/Cert No:</b> |  |
| <b>Issued Date</b>            |  |
| <b>Maturity Date</b>          |  |
| <b>Amount (TZS)</b>           |  |

**Name of Branch Manager:** .....  
**Signature:** .....  
**Date:** .....