## THE UNITED REPUBLIC OF TANZANIA



# TANZANIA INSURANCE REGULATORY AUTHORITY



On reply please refer:

Ref. No: AB. 89/184/06/09

October 31, 2023

CIRCULAR NO. 39 I/2023

A CIRCULAR TO ALL ACTUARIES

#### ANNUAL MAINTENANCE REQUIREMENTS FOR THE YEAR 2024

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 2024 shall be made not later than 30<sup>th</sup> November, 2023 through the TIRA Online Registration System (ORS) that is accessible through <a href="https://ors.tira.go.tz/#/">https://ors.tira.go.tz/#/</a>. (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 thousand) and payment of Annual Fee of Tshs 100,000/- (one hundred thousand).

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 information (alterations/additions) shall be filled in the TIRA ORS;

- Particulars of Principal Officer;
  - a) Curriculum Vitae (CV);
  - b) Professional qualifications certificates as per regulation 15;
  - c) Copy of academic certificates verified by TCU/NACTVET (for foreign certificates);

TIRA HEAD OFFICE:

LAPF HOUSE, 5th Floor, Makole Street, P.O. Box 2987 DODOMA, Tanzania, Tel: +255 26 2321180, Fax: +255 26 2321180, Website: www.tira.go.tz, Email: 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

- d) Employment contract/Copy of engagement letter attested by the intended candidate;
- e) Attested declaration on solvency and non-conviction in criminal offences;
   and
- f) Copy of NIDA/ Passport for non-citizen.

## ii. Particulars of principal Actuary:

- a) Curriculum Vitae (CV);
- b) Professional certificates (Minimum Certified Actuarial Analyst) as per Regulation 15;
- c) Copy of academic certificates verified by TCU/NACTVET (for foreign certificates);
- d) Employment contract/Copy of engagement letter attested by the intended candidate;
- e) Declaration on solvency and non-conviction in criminal offences: and
- f) Copy of NIDA/ Passport for non-citizen.
- iii. Particulars of Board Members of the actuarial firm.
  - a) Curriculum Vitae (CV);
  - b) Attested declaration on solvency and non-conviction in criminal offences;
  - c) Copy of NIDA/passport of each director; and
  - d) Work permit (In case of foreigners).

### iv. Particulars of Senior Management Staff:

- a) Curriculum Vitae (CV);
- b) Professional/Academic certificate verified by TCU/NACTVET (for foreign certificates);
- Attested declaration on solvency and non-conviction in criminal offences;
   and
- d) Copy of NIDA/ Passport for non-citizen.
- v. Full details of legal advisors (Engagement letter)
- vi. Particulars of your Bankers.
- vii. Copy of professional Indemnity policy minimum sum insured of Tshs. 500/= m.

Proof/Evidence of Minimum paid up share capital of TZS. 2,000,000/=, in case of

foreign investors, evidence of actual remittance of fund in Tanzania must be

provided and at least one third of the shares should be owned by Tanzanians.

The last date for filing of annual maintenance documents is 30th November 2023.

A penalty amounting to Tshs. 10,000/= per day (Ten thousand shillings) and not

exceeding Tsh.1,000,000/= (One million) would be imposed for late filing.

incomplete and non-submission of annual maintenance documents.

Every Actuary 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 contact kindly the following emails bahati.ogolla@tira.go.tz

christine.kinabo@tira.go.tz, sausi.sausi@tira.go.tz, catherine.ng'itu@tira.go.tz, and

joseph.mfoi@tira.go.tz

Copy to: abubakar.ndwata2@tira.go.tz

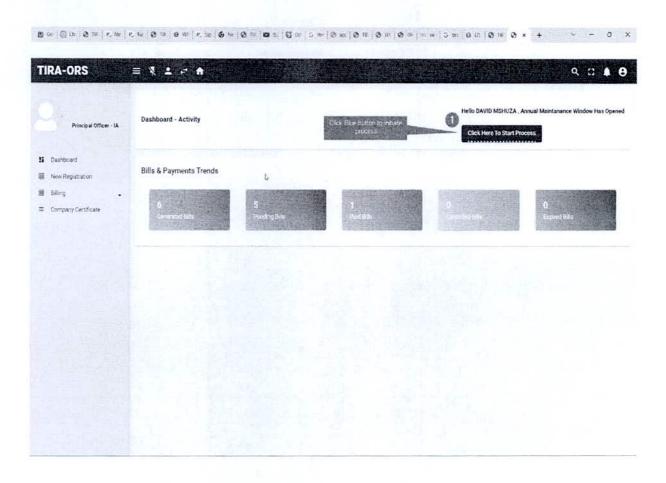
Yours Sincerely,

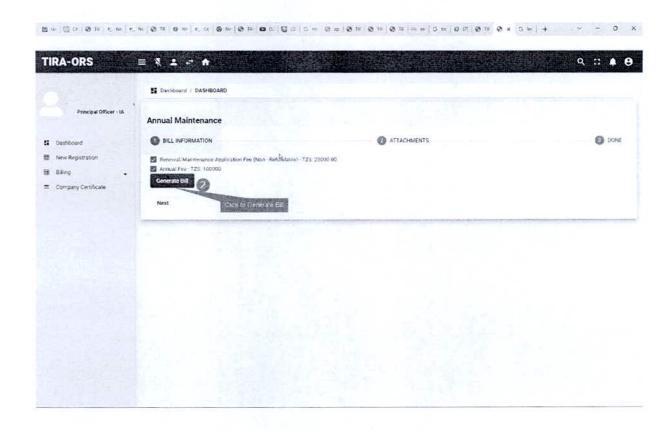
Dr. Baghayo A. Saqware

COMMISSIONER OF INSURANCE

|  | Name of Principal Officer:   |  |
|--|--|--|
|  | Name of Insurance Registrant:  |  |
|  | Physical Address:  |  |
|  | P.Ö. Box   |  |
|  | Region:  |  |
| Name of Manager or In-cl   | harge:   |  |
| Name of Bank or Financia   | al Institution:  |  |
| Name of Bank or Financial Institution:                                   |  |  |
|  |  |  |
| P.O. Box   |  |  |
| Region:  | ······································   |  |
| RE   | : MAINTENANCE OF PAID UP CAPITAL FOR THE YEAR 2023                                     |  |
|  |  |  |
| We,  | wish to invest TZS in fixed deposit in you   |  |
| Bank for a period of   |  |  |
| (5) (d) of The Insurance F   | 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. S   |  |  |
| Commissioner of  |  |  |
|  | nce Regulatory Authority   |  |
| TIRA Head Office   | e, LAPF HOUSE, 5th Floor,  |  |
| Makole Street,   |  |  |
| P.O. Box 2987  | P.O. Box 2987  |  |
| Dodoma, Tanzar   | nia.   |  |
|  |  |  |
| ACCEPTANCE BY THE I  | FINANCIAL INSTITUTION:   |  |
| Please be informed that  | your request to invest in a fixed deposit for the period of                            |  |
| ricase be informed that  | for the purpose of Regulation 18 (5) (d) of The Insurance Regulations 2009 has         |  |
| heen accented by   |  |  |
| Commissioner of Insurance  | ce. Complete details of your company's fixed deposit are stipulated in exhibit below:  |  |
| Commissioner of msurance   | se. Complete details of your company's fixed deposit are stipulated in exhibit below.  |  |
| Serial Number/Cert No.   |  |  |
| Issued Date  |  |  |
|  |  |  |
| Amount (TZS)   |  |  |
|  |  |  |
|  | er:  |  |
| Signature:   |  |  |
| Date:  |  |  |
| Issued Date Maturity Date Amount (TZS)  Name of Branch Manage Signature: | PT:  |  |

# Steps to Follow





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