

**application for participation**

**MEMBER OR ASSOCIATE**

**GENERAL REQUIREMENTS**

1. This application is made in accordance with [the Statutes of the International Association of Deposit Insurers](https://www.iadi.org/en/assets/File/About%20IADi/Organisation/20231114%20_IADI_STATUTES_FINAL.pdf) (hereinafter referred to as "IADI").
2. The application and all documents and information provided to IADI in support of this application should be provided in English. Any document or information that is to be provided that is in a language other than English should be accompanied by an English translation.

**IADI AUTHORITY AND PARTICIPANT TYPE**

1. As provided in Article 8 of the IADI [Statutes](https://www.iadi.org/en/assets/File/About%20IADi/Organisation/20231114%20_IADI_STATUTES_FINAL.pdf), all applications for participation in IADI must be addressed to the Secretary General who will forward the application to the Executive Council for consideration. As further provided in Article 8, the Executive Council has the power to reject an application without indication of reason and without the right to appeal. The Executive Council will accept and consider an application for participation on condition that the applicant acknowledges the right of the Executive Council to reject applications. By signing this application, the applicant hereby acknowledges those rights.
2. Please indicate if your organisation is applying for participation in IADI as:

**Member**: Members are entities that, under law or agreements, provide deposit insurance, depositor protection or deposit guarantee arrangements. Each Member shall designate in writing a person who will act as its designated representative. Such designated representatives are entitled to participate in the activities of the Association, vote at any General Meeting and hold office in the Association. Each Member may designate in writing an alternate to act in lieu of the designated representative, if the designated representative is unable to act. Members are expected to actively participate in the Association’s activities for the development of the Association and the achievement of its objects, including to regularly provide general information on their deposit insurance system.

**Associate**: Associates are entities that do not fulfil all the criteria to be a Member but is part of a financial safety net and has a direct interest in the effectiveness of a deposit insurance system. Associates are eligible to participate in the activities of the Association but shall not vote at General Meetings nor hold office in the Association.

By signing this application, the applicant for **Associate** confirms that its organisation assumes the responsibility, once a deposit insurance system has been introduced (relevant legislation has been passed or an agreement has been entered into and a deposit insurance entity or function has been established) to inform the IADI Secretariat. The Secretariat, in consultation with the Regional Committee and, where appropriate, the Member Relations Council Committee, shall undertake the necessary steps to facilitate the deposit insurance entity becoming a **Member**, and provide assistance regarding transitioning to **Member** status or any other issues that might be relevant to the situation of an **Associate,** if it is requested. The Secretariat will obtain the necessary documentation regarding the establishment of the deposit insurance system from the deposit insurance body, i.e. a copy of the Deposit Insurance Act and DIS Key Attributes form. In case the deposit insurance body is a separate entity from the **Associate**, the new entity will be invoiced at the Member-rate for the remainder of the Billing Period, and it will be required to make its initial fund contribution as provided above in the section dealing with **Members**. The **Associate** may continue its participation in the Association.

1. Member Designated Representatives, Official Representatives and their Alternates are responsible for ensuring their employees, invitees and officials who attend IADI events comply with the [IADI Code of Ethics and Conduct](https://www.iadi.org/en/assets/File/How%20to%20Join/Code_of_Ethics_ver_1_May_2018.pdf). IADI Participants delegates which may have any questions in this regard, are requested to contact the [Secretariat](mailto:service@iadi.org) which will provide all necessary clarifications.

Furthermore, IADI Participants are requested to take note that the Association is governed by the IADI [Statutes](https://www.iadi.org/en/assets/File/About%20IADi/Organisation/20231114%20_IADI_STATUTES_FINAL.pdf) and [Bylaws](https://www.iadi.org/en/assets/File/Organization/IADI%20BYLAWS%20(9%20June%202010).pdf).

**FEES**

1. The Annual Fees collected from each Participant in the Association are determined through a vote by the Members at a General Meeting upon recommendation of the Executive Council, and are currently as follows:-

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| --- | --- | --- |
| **Participant** | **Annual Fee (CHF)** | **Initial Fund Contribution (CHF)** |
| Member | 18,500.00-37,000.00\* | 11,390.00 payable over two years |
| Associate | 15,000.00 | N/a |
| Observer | 10,000.00 | N/a |

Payment of Annual Fees as well as initial fund contribution is due within ninety (90) days of receipt of an invoice.

The applicant acknowledges that the Executive Council of IADI may expel any Participant from the Association if the Annual Fee is not paid within thirty (30) days after final written notice of non-payment has been dispatched.

\* At the IADI Annual General Meeting on 11 October 2019 the Members approved the Differential Fee Model (DFM) to be applied from FY 2020/21, starting 01 April 2020. Subsequently, the new DFM was approved by the Members at the 2021 AGM via correspondence to refine the former DFM to a more granular approach (5x5 Matrix), which has been implemented as from FY 2022/23. In the new DFM Model, two criteria remain unchanged, namely GDP and GDP per capita, to reflect the nature of each Member in terms of the size of the deposit-taking sector, as well as the capacity of the deposit insurers. The aforementioned two factors are divided into 4 categories, in which Member Fees range from CHF 18,500 to CHF 37,000. Please see the fees table below; the [IADI Secretariat](mailto:service@iadi.org) will be glad to inform you as to which Annual Fee would apply for your organization if you join IADI.

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| **Annual Fees by Member** | | | | | |
| GDP/ GDP pc | <2,500 USD | 2,500-10,000 | 10,000-20,000 | 20,000-50,000 | >50,000 |
| < 50 Bn USD | CHF 18,500 | CHF 18,500 | CHF 24,000 | CHF 24,000 | CHF 24,000 |
| 50-100 Bn USD | CHF 18,500 | CHF 18,500 | CHF 24,000 | CHF 24,000 | CHF 30,000 |
| 100-1,000 Bn USD | CHF 24,000 | CHF 24,000 | CHF 30,000 | CHF 30,000 | CHF 37,000 |
| 1,000-4,000 Bn USD | CHF 24,000 | CHF 30,000 | CHF 37,000 | CHF 37,000 | CHF 37,000 |
| >4,000 Bn USD | CHF 30,000 | CHF 30,000 | CHF 37,000 | CHF 37,000 | CHF 37,000 |
| **Annual Fees by Associate** | | | | | |
| Associate | | | CHF 15,000 | | |

**RESIGNATION**

1. Any Participant may resign at any time from the Association upon giving prior written notice thereof to the Secretary General. Any such resignation shall take effect at the end of the calendar month following the month in which the notice is received, unless a later date is specified in the notice.

In the event of the resignation or expulsion of a Participant, any Annual Fees paid, including fund contributions, are not refundable.

**GENERAL INFORMATION REGARDING THE APPLICANT**

1. Please provide the legal corporate name of the applicant, including any form of that name in the official language of the applicant.

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If the legal name is in a language other than English, please provide the English translation that you would like IADI to use to identify your organisation.

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1. Provide the postal address, telephone number, Web site and fax number of the registered or head office of the applicant.

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1. Provide the postal address of the principal place of business of the applicant, if different from Section 9 of this application above.

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1. Provide the full name, title or office, address, telephone number, fax number, and email address of the individual who is authorised to represent the applicant with respect to this application.

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**INFORMATION ON THE INCORPORATION OF THE APPLICANT**

1. Please provide the following information with respect to the incorporation of the applicant, namely,
2. Date of incorporation:

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1. Jurisdiction of incorporation:

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1. Manner of incorporation:

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1. Date on which the operations of the applicant commenced or are proposed to commence:

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1. Statutes of the applicant or the Law by which the institution is established (please enclose a copy). This document is to be provided in English (please provide a translation if the original language is different from English):

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1. Name and title or office of the person authorised to sign on behalf of the applicant:

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**Note: The information appearing in this application is for IADI’s internal use only.**

This application should be sent to:

Secretary General

International Association of Deposit Insurers

C/o Bank for International Settlements,

Centralbahnplatz 2, CH-4002 Basel, Switzerland

E-mail: [service@iadi.org](mailto:service@iadi.org)

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| DIS KEY ATTRIBUTE | ANSWER |
| **DIA name** |  |
| **Jurisdiction** |  |
| **Office Address** |  |
| **Tel Number** |  |
| **Fax Number** |  |
| **Governing Law** *(include the name of the law and website page/section)* |  |
| **Type of Deposit Insurance System**  *Pre-defined Answers (Single Selection): Government Legislated and administered; Government legislated and privately administered; Privately established and administered; Central bank administered;*  *Other* |  |
| **DIA legal structure**  *Pre-defined Answers (Multiple Selections): Independent; Within the Central Bank; Within the Bank Supervisor; Established by an Association of Banks; Within the Ministry of Finance; Other* |  |
| **System Mandates**  *Pre-defined Answers (Single Selection): Pay-box; Pay-box Plus; Loss Minimizer; Risk Minimizer; Other* |  |
| **Total number of full-time employees** |  |
| **Number of the Governing Board members** |  |
| **Total year-end operating expenses, i.e. ongoing operations and other costs related to the DIA and for carrying out its activities**  *(report amount in US dollars as of 31 December of the past calendar year)* |  |
| **DIA’s public awareness objectives**  *Pre-defined Answers (Multiple Selections); Promoting awareness on an on-going basis; Updating depositors about change to DI coverage; Promoting corporate image/identity; Promoting financial stability; Other* |  |
| **Public awareness communication tools used by the DIA**  *Pre-defined Answers (Multiple Selections); Printed Material; Use of Official Sign to Display Insured Status; Telephone Call Center; Website; Mass Media; Social Media; Other* |  |
| **Annual amount appropriated for the public awareness program**  *(report amount in US dollars as of 31 December of the past calendar year)* |  |
| **Public awareness level (if available)** |  |
| **Member of EFDI**  *Pre-defined Answers:*  *Yes; No* |  |
| **Current Participation in IADI**  *Pre-defined Answers (Single Selection): Yes; No.*  *If Yes, please specify your current type of IADI Participation (Member; Associate). Please note the year you joined IADI.* |  |
| **Contact person for Institutional Survey Data** |  |
| **Email address of contact person for Institutional Survey Data** |  |
| **Type of Safety Net Partner - 1**  *Pre-defined Answers (Single Selection): Central Bank; Financial Supervisor; Other* |  |
| Organisation name |  |
| Website |  |
| Phone |  |
| **Type of Safety Net Partner - 2**  *Pre-defined Answers (Single Selection): Central Bank; Financial Supervisor; Other* |  |
| Organisation name |  |
| Website |  |
| Phone |  |
| **Type of Safety Net Partner - 3**  *Pre-defined Answers (Single Selection): Central Bank; Financial Supervisor; Other* |  |
| Organisation name |  |
| Website |  |
| Phone |  |
| **COVERAGE** |  |
| **Type of DIA member**  *Pre-defined Answers (Multiple Selections): Commercial Banks; Credit Unions; Financial Cooperatives; Insurance Companies; Micro Finance Institutions; Rural Banks; Savings banks; Securities Companies; Other Deposit-taking Institutions (please provide details)* |  |
| **Mandatory Membership**  *Pre-defined Answers: Yes; no; Other* |  |
| **Number of deposit-taking Institutions Insured by DIA** *(31 December of the past calendar year)* |  |
| **Total amount of Eligible (insurable) deposits in member** **institutions**  *Note: Report amount in US dollars as of 31 December of the past calendar year* |  |
| **Total amount of Covered (insured) deposits in member institutions**  *Note: Report amount in US Dollars as of 31 December of the past calendar year* |  |
| **Total asset balance in member institutions**  *Note: Report amount in US dollars as of 31 December of the past calendar year* |  |
| **Types of deposit products covered by deposit insurance**  *Pre-defined Answers (Multiple Selections): Savings Account; Annuity Contracts: Certificates of Deposit: Guaranty Investment Certificate; Travelers Cheques; Money Orders: Certified Drafts of Cheques; Foreign Currency Deposits; Inter-Bank deposits; Other* |  |
| **Account ownership Categories covered by deposit insurance**  *Pre-defined Answers (Multiple Selections): Natural Person(individual); Natural Person (joint); Retirement Accounts; Trust Accounts; Corporate /Business Accounts; Government; Other* |  |
| **Maximum coverage limit (per depositor per institution, or other)**  *Note: Please report both the amounts in local currency as well as in US Dollars, as of 31 December of the past calendar year* |  |
| **Coverage Ratio by value** (ratio of total covered deposits divided by total eligible deposits) |  |
| **Coverage Ratio by account** (percentage of deposit accounts fully covered by deposit insurance) |  |
| **Is the number of days required to begin deposit reimbursement legislated or mandated?**  *Pre-defined Answers: Yes; No; Other* |  |
| **What is the targeted number of days to begin deposit reimbursement?** |  |
| **FUNDING** |  |
| **Type of funding used by DIS**  *Pre-defined Answers (Single Selection): Ex-ante; Ex-post; Other* |  |
| **Method for premiums levied or assessed on member institutions**  *Pre-defined Answers (Single Selection): Flat rate; Differential; Other;* |  |
| **Premium/levies assessed based upon**  *Pre-defined Answers (Single Selection): Total eligible deposits balance; Total covered deposits balance; Total asset balance; Other* |  |
| **Actual Fund Size**  *Note: Report amount in US Dollars as of 31 December of the past calendar year* |  |
| **Actual fund size (as a percentage of total covered deposits)** |  |
| **Back-up funding authority**  *Pre-defined Answers:*  *Yes (please indicate); No; Other* |  |
| **RESOLUTION PROCESS** |  |
| **DIA's role in the decision-making process that involves the resolution of failing member institutions**  *Pre-defined Answers (Single Selection): Sole Decision; Contribute to a Decision; No Input or Responsibility; No input but Obligated to Participate in Resolution Funding; Other* |  |
| **Resolution tools or methods available for bank resolution in your jurisdiction**  *Pre-defined Answers (Multiple Selections): Deposit Reimbursement; Liquidation; Purchase and Assumption; Open Bank Assistance; Bridge Bank; Bail-in; Other* |  |
| **Number of member institutions failed since inception of the DIS** |  |
| **Number of member institutions failed in the past calendar year** |  |
| **DIA’s Authority to act as administrator/conservator**  *Pre-defined Answers: Yes; No; Other* |  |
| **DIA’s Authority to act as receiver/liquidator**  *Pre-defined Answers: Yes; No; Other* |  |
| **Resolution framework governed by**  *Pre-defined Answers (Multiple Selections): Bankruptcy/Insolvency laws; Special resolution regime; Other* |  |
| **Is there a legislated mechanism to handle a systemic crisis?**  *Pre-defined Answers:*  *Yes; No; Other* |  |
| **Is the DIA involved in the process of handling a systemic crisis?**  *Pre-defined Answers: Yes; No; Other* |  |