

APPLICATION FOR REGISTRATION AS A CORPORATE GENERAL INSURANCE AGENT

CORPORATE APPLICANT

SECTION I (To be completed and keyed in for all corporate applicants)

- 1. Name of Applicant : _____
Business Address : _____
Postal Code : _____
Tel Number (Office) : _____
Telex Number : _____
Fax Number : _____
Business/Company Registration No : _____
Date of Registration : _____

- 2. Please indicate the name of the nominated Principal you have appointed for collection of the registration card/certificate of registration. If you have already nominated a Principal previously, that Principal will continue to be your nominated principal unless the Principal representation with your nominated Principal has been terminated. If so, please nominate another principal and indicate below : -

Name of *new/existing nominated Principal : _____

SECTION II (To be completed and keyed in for all applicants)

PARTICULARS OF THE AGENT

- 1. Status of Agent

- Sole-Proprietor Limited Company
- Partnership Co-operative/Society Club
- Private Limited Company Others (please specify)

- 2. Name(s) of Sole Proprietor/Partner(s)/Shareholder(s)

- (a) Name of Sole Proprietor/Partner/Shareholder : _____
NRIC/Passport No. : _____
Address : _____
Postal : _____

- 3. Name of Chief Executive/Director(s)/Corporate Nominee(s)

- (a) Chief Executive

- Name of Chief Executive : _____
NRIC/Passport No : _____
Address : _____
Postal : _____

(b) Executive Director(s)/Director(s) (please indicate with '##' after name if executive)

(i) Name of Executive Director/Director : _____
NRIC/Passport No. : _____
Address : _____
Postal : _____

(c) Corporate Nominee(s)

(i) Name of Corporate Nominee(s) : _____
NRIC/Passport No. : _____
Address : _____
Postal : _____

4. If the Applicant or anyone of its Partners, Directors, Executive Directors, Shareholders, Chief Executive, Corporate Nominees, Employees (who are registered cardholders) has any other business interest or employment relating to insurance, please give the following particulars : -

Name of Person : _____
Name of Business : _____
Type of Business : _____
Nature of Interest/Position Held : _____
Business/Company Registration No : _____

5. If the Applicant is a Company, please furnish the following : -

Authorised Capital : _____
Paid-up Capital : _____

[Notes to Question 6]

Identification and Qualification of the Agent

You are required to read the instructions carefully and answer all questions.

- (a) The identification and qualification of the individual, chief executive, all executive director(s), corporate nominees, employees or persons acting on behalf of the agent/agency who provide technical advice on insurance matters must be given.
- (b) All sub-agents must be identified and their qualification must also be provided.
- (c) The academic qualifications for all persons requiring registration cards must be filled in :
 - B - Below GCE 'N' level
 - N - GCE 'N' level
 - O - GCE 'O' level
 - A - GCE 'A' level or Higher School Certificate
 - P - Polytechnic or similar
 - U - Tertiary level and beyond
 - T - Others (please specify)
- (d) The professional insurance qualifications, a copy of which should be enclosed :
 - CGI - Certificate in General Insurance (Singapore)
 - ACII - Associate of the Chartered Insurance Institute
 - FCII - Fellow of the Chartered Insurance Institute
 - AAII - Associate of the Australian Insurance Institute
 - FAII - Fellow of the Australian Insurance Institute
 - O - Others (please specify)
- (e) Use the following codes for the various position : -
 - CN - Corporate Nominee
 - EM - Employee
 - SA - Sub-Agent
- (f) State the number of years of experience in handling general insurance with name(s) of insurance company(ies), agency(ies), broking firm(s) and dates.
- (g) Please note that all registered cardholders have to indicate whether they are full or part time agents and they are to state the % of revenue / salary derived from general insurance business. A full-time agent is defined as one who derives the bulk of say 70% or more, of its revenue from selling general insurance. Please use the following codes :
 - FT - Full-time agents
 - PT - Part-time agents

6. (To be completed by all registered cardholders)

Please ensure that you have read the instructions before filling in the following : -

Name : _____
Sex : _____
NRIC/Passport No. : _____
Date of Birth : _____
Academic Qualification : _____
Professional Qualification : _____
Current Position : _____
Position [CN/EM/SA] : _____
Total Years of Experience : _____
Full time/Part time [FT/PT] : _____
% of revenue/salary derived from general insurance business : _____

Details of Experience in insurance companies/agencies/broking firms :

Name of <u>insurance</u> companies/agencies/broking firms	Date Joined	Date Left

7. Has any of your insurance company representation(s) ever been terminated or curtailed? *Yes/No
If 'Yes', please state the name of the insurance company(ies) and the date(s) of such termination or curtailment.

(The question is not restricted to current application but includes all previous employment/involvement)

8. Are you currently
- (a) operating Principals' Accounts? * Yes/No
(b) arranging for premiums to be paid directly to the Principals? * Yes/No
If (a) is 'Yes', please state name of bank(s) and branch(es)
Attach a copy of the bank confirmation letter if you have not done so.

9. (a) Is your company GST-registered? * Yes/No
(b) If (a) is 'Yes', do you require tax invoices to be issued? * Yes/No
(c) If (a) is "Yes", please provide GST no. _____

10. Continuous Professional Development (CPD) Requirement:
Have you fulfilled the minimum number of hours of CPD training and such other requirements as may be determined by GIA in the previous year. Yes/No

11. This question has to be filled in by the Applicant and reference has to be made to Question 6(e) and (f) for the codes. Please note that we have defined a full-time agent as one who derives the bulk of say 70% or more, of its revenue / salary from selling general insurance.

For Employees who are not registered cardholders and who provide support services related to insurance, please provide the following information : -

- (i) Name : _____
 Sex : _____
 NRIC/Passport No. : _____
 Date of Birth : _____
 Academic Qualification : _____
 Professional Qualification : _____
 Total Years of Experience : _____

Details of Experience in insurance companies/agencies/broking firms :

Name of <u>insurance</u> companies/agencies/broking firms	Date Joined	Date Left

SECTION III

Honesty, Integrity & Reputation

I/We declare as follows:

- 1) I/We have entered into an agency agreement or agreements with an Ordinary Member or Members of GIA, none of which has been terminated over the last 12 months.

- 2) I/We have not been convicted of:
 - a) An offence under the Insurance Act (Chapter 142) or any regulations made thereunder;
 - b) An offence under the Penal Code (Chapter 224)
 - c) An offence under the Monetary Authority of Singapore Act (Chapter 186) or any regulations made thereunder.
 - d) An offence under any Act or regulations administered by the Monetary Authority of Singapore
 - e) A criminal offence involving fraud, misrepresentation or dishonesty; or
 - f) An offence under any statute which is a re-enactment Act, repealing Act or a consolidation Act in respect of any of the legislations referred to above.

- 3) I/We are not:
 - a) the subject of criminal proceedings which are pending in Court.
 - b) the subject of any investigation or disciplinary proceedings carried out by the Agents' Registration Board;
 - c) the subject of any investigation or disciplinary proceedings carried out by the Monetary Authority of Singapore or by any government or regulatory body acting under any Act or subsidiary legislation (hereinafter referred to as "any Regulator")
 - d) the subject of a prohibition order or any order made by the Monetary Authority of Singapore or any Regulator.
 - e) The subject of a written warning, reprimand or censure meted out by the Monetary Authority of Singapore or any Regulator; or
 - f) a shareholder, partner, manager, employee or director of any business registered with the Registry of Businesses or of any company registered with the Registry of Companies in respect of which:
 - i) the business/company has been censured or disciplined; or
 - ii) its business or business licence has been suspended or revoked by the Monetary of Singapore or any Regulator.

- 4) I/We are in compliance with and not in breach of any of the provisions of:
- The General Insurance Agents' Registration Regulations
 - The Code of Practice for Agents; and
 - The Singapore General Insurance Code of Practice
- 5) We are not the subject of:
- a winding up order;
 - a judicial management order; or in respect of which:-
 - a receiver has been appointed (whether by the Court or otherwise); or
 - an application or petition for winding up, or appointment of judicial manager or appointment of receiver has been filed in Court and is pending;
- 6) I/We have not:
- Entered into a composition or a scheme of arrangement with creditors; or
 - One or more outstanding judgements against me/us which has/have been unsatisfied within 7 days from the date of the judgement.
- 7) We hereby further declare that:
- our minimum paid-up capital is S\$25,000 (applicable to a company or partnership business registered with the Registry of Companies/Business); and
 - all our shareholders, partners, managers, employees or directors who act on our behalf or represent us in our business of general insurance agent are also registered with the Agents' Registration Board as Corporate Nominees and that all the declarations stated herein are true and correct in respect of our Corporate Nominees, mutatis mutandis.
- 8) I/We hereby agree and undertake that I/We shall immediately notify in writing the Agents' Registration Board of GIA and the Ordinary Members of GIA for whom I/We represent as my/our Principals in the event that any fact, event or matter arises or occurs after the making of this Declaration which renders any of the declarations herein contained untrue or incorrect.

Signature: _____

Date: _____

SECTION IV (To be completed by the Principal for whose representation this application is made).

Principal Representation I

Name of Principal : **Etiga Insurance Berhad**

Business Address : **1 North Bridge Road #08-01 High Street Centre Singapore 179094**

Name of Applicant : _____

Type of Agency with the Applicant (Please put 'X' in the appropriate box)

Underwriting Agent

Credit Agent

Cash Agent

We hereby declare that _____ (insert name of applicant) to the best of our belief and knowledge, the information given herein by the Applicant are true and correct and the 'Minimum Requirements For General Insurance Agents' as laid down by the GIA have been complied with.

Name of the Principal Officer/Date
