



اؤتوريٲى مونيتارى بروني دارالسلام
AUTORITI MONETARI BRUNEI DARUSSALAM

**APPLICATION FOR REGISTRATION AS GENERAL INSURANCE AGENT
AND/OR GENERAL TAKAFUL AGENT
UNDER INSURANCE ORDER, 2006 (SECTION 48) AND TAKAFUL ORDER, 2008 (SECTION 49)**

All sections to be completed accurately and legibly.

Managing Director
(Attn: Head of Takaful/Insurance, Regulatory and Supervision Department)
Autoriti Monetari Brunei Darussalam
Level 14, Ministry of Finance Building
Commonwealth Drive, BB3910
Brunei Darussalam

Please tick (/) the appropriate boxes

Application is hereby made for:

- ☐ general insurance agent
☐ general takaful agent
☐ general insurance agent and general takaful agent

as:

- ☐ an individual agent
☐ a corporate agent.

by:

Name of individual
agent/corporate agent

Name of applicant
(if different from above)

Mr/Mrs/Ms.*

I.C. Number (Colour)

Date of birth (dd/mm/yy)

Position of applicant

Signature of applicant

Date

INSTRUCTIONS:

1. Where there is a box, please tick (/) the appropriate box.
2. Where there is an asterisk (*), please delete where necessary.
3. Wherever there is a field that is not applicable to the applicant, it must be denoted by N/A.
4. If all information cannot be fitted into the space provided, please use continuation sheets. These should be numbered and cross referred to the question which they apply.
5. ***An agent can only represent up to three principals. These principals must be insurance companies and Takaful operators registered under the Insurance Order, 2006 and Takaful Order, 2008.***

PARTICULARS OF APPLICATION

A - Particulars of the Individual Agent / Corporate Agent

1. Business name (including proposed business names for new registration)

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2. Registered office address:

Home address:

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3. Telephone No. _____

Mobile No. _____

Facsimile No. _____

Email address _____

Website address _____

4. Details of Certificate of Registration (Section 16 & 17) if applicable:

Certificate Number _____

Date of incorporation _____

Place of incorporation _____

5. Principal activities of applicant, if other than insurance agent/takaful agent

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6. Share capital (as at date of application):

(i) Authorised

BND _____

(ii) Paid-up

BND _____

B - Particulars of Registration

7. The class/classes of insurance business in respect of which this application is made are as below:
(Please tick all the boxes which are applicable).

General Insurance:	
<input type="checkbox"/>	Aviation
<input type="checkbox"/>	Bond
<input type="checkbox"/>	Engineering
<input type="checkbox"/>	Fire
<input type="checkbox"/>	Marine Cargo
<input type="checkbox"/>	Marine Hull
<input type="checkbox"/>	Medical and Health
<input type="checkbox"/>	Motor
<input type="checkbox"/>	Personal Accident
<input type="checkbox"/>	Professional Indemnity
<input type="checkbox"/>	Workmen Compensation
<input type="checkbox"/>	Others - <i>specify below:</i>

General Takaful:	
<input type="checkbox"/>	Aviation
<input type="checkbox"/>	Bond
<input type="checkbox"/>	Engineering
<input type="checkbox"/>	Fire
<input type="checkbox"/>	Marine Cargo
<input type="checkbox"/>	Marine Hull
<input type="checkbox"/>	Medical and Health
<input type="checkbox"/>	Motor
<input type="checkbox"/>	Personal Accident
<input type="checkbox"/>	Professional Indemnity
<input type="checkbox"/>	Workmen Compensation
<input type="checkbox"/>	Others- <i>specify below:</i>

C - List of Principals represented

- 8.
- (i) _____
- (ii) _____
- (iii) _____

D - Particulars of Directors, Shareholders and Principal Officer (where applicable)

9. Shareholding structure (as at date of application)

Name of shareholders	No. of shares	Amount in BND	% of shareholding

10. Information on corporate shareholder (if applicable):

Name of shareholders	Place of incorporation (if applicable)	Nature of business of employer	No. of shares held	% of shares held

11. Information of Shareholder / Director / Principal Officer/Sole Proprietor
(please provide the details of each shareholder, director and principal officer in a separate sheet)

- a. Name _____
- b. Position Shareholder / Director / Principal Officer / Sole Proprietor *
- c. Residential address _____
- d. Telephone No. & Mobile No. _____
- e. Email address _____
- f. Date of birth (dd/mm/yy) _____
- g. Gender Male / Female *
- h. Nationality _____
- i. Identity Card No. and Colour _____

j. Academic and professional qualification attained by individual agent / shareholder / director:

Name of Institute/ Professional Body and location	Country	Qualification	Year Obtained

k. Employment history during the past 10 years:

Name and address of employer (if self-employed, state so)	Nature of business of employer	Designation and department	Period (mm/yy)	
			From	To

l. Directorship held by shareholder / director:

Name of company and place of corporation	Nature of business of employer	Directorship (executive / non-executive)	Date of appointment	% shareholding in company

- m. Is the shareholder / director / principal officer * an undischarged bankrupt or a person in respect of whom a bankruptcy proceeding is pending in Court?

☐ Yes
☐ No

E - Information on Corporate Nominees of Corporate Agent

12. The corporate nominees who may act in the name of the company and to be named in the licence:

No.	Name	I.C. No. (Colour) / Passport No.	Position	Date of appointment	Academic and Professional Qualifications
1.					
2.					
3.					

F - Information on Employees of Individual Agent / Corporate Agent

13. Details of each employee:

No.	Name	I.C. No. (Colour) / Passport No.	Position	Date of appointment	Academic and Professional Qualifications	Roles and Responsibilities
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

G – Other Information

14. Has the applicant ever had a previous insurance agent or takaful agent registration cancelled? ☐ Yes
☐ No

If yes, provide details below:

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15. Is the applicant or any of his immediate family member, a shareholder or director of a company carrying on insurance business or takaful business? ☐ Yes
☐ No

If yes, provide details below:

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DOCUMENTS REQUIRED

16. Please tick to confirm the inclusion of the following documents, as applicable.
(Please enclose the number of copies indicated)

a) For Individual Agent:

<input type="checkbox"/>	Copy of Identity Card / Passport
<input type="checkbox"/>	Copies of qualifications mentioned in the application form (1 copy)
<input type="checkbox"/>	Original Copy of Clearance Letter endorsed by Brunei Insurance and Takaful Association (BITA) (1 copy)
<input type="checkbox"/>	Original copy of AMBD Fit and Proper Checklist Form

b) For Corporate Agent:

<input type="checkbox"/>	Copy of Identity Card / Passport for Applicant, Shareholder(s), Director(s), Corporate Nominee(s) and Employee(s)
<input type="checkbox"/>	Copy of the Memorandum of Association and Articles of Association (1 copy)
<input type="checkbox"/>	Copy of Form X (1 copy)
<input type="checkbox"/>	Copy of Notice of Situation of Registered Office (1 copy)
<input type="checkbox"/>	Copies of qualifications mentioned in the application form (1 copy)
<input type="checkbox"/>	Original Copy of Clearance Letter endorsed by Brunei Insurance and Takaful Association (BITA) (1 copy)
<input type="checkbox"/>	Original copy of AMBD Fit and Proper Checklist Form (by the Shareholder(s) and Director(s))
<input type="checkbox"/>	Original copy of AMBD Fit and Proper Checklist Form (by the corporate nominee(s))

17. Please list below and include copies of any other documents that relate to the information provided in this application form.
(Please include the document title, date and reference number of document(s))

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____

DECLARATION

I, _____ (Name of Individual Agent / Corporate Agent*) of I.C.
Number _____ declare that to the best of my knowledge and belief all the information
given in this application is true and correct.

Signature

Position

Date

(FOR AMBD USE ONLY)

Serial No.:

I	C			
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Received on

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Receipt No

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Issued by:

Verified by: