



اوتوري تي مونيتاري بروني دارالسلام  
 AUTORITI MONETARI BRUNEI DARUSSALAM

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

All sections to be completed accurately and legibly.

Submit to:  
 Managing Director  
**(Attn: Head of Takaful/Insurance, Regulatory and Supervision Department)**  
 Autoriti Monetari Brunei Darussalam  
 Level 7, Ministry of Finance Building  
 Commonwealth Drive, BB3910  
 Brunei Darussalam

**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.

***An agent can only represent up to three principals. These principals must be insurance companies registered under the Insurance Order, 2006 and/or Takaful operators registered under the Takaful Order, 2008.***

**PARTICULARS OF APPLICATION**

**A – Particulars of the Corporate Agent**

<b>Proposed business name</b>					
<b>Registered office address</b>					
<b>Telephone No.</b>		<b>Facsimile No.</b>		<b>Email address</b>	
<b>Authorised share capital (in BND)</b>			<b>Paid-up share capital (in BND)</b>		

## FOR CORPORATE AGENT (GENERAL)

### B - Particulars of Registration

2. Name of General Insurance companies and/or General Takaful operators represented:

**General Insurance:**

- ☐ National Insurance Co Bhd  
☐ Standard Insurance Sdn Bhd  
☐ Tokio Marine Insurance Singapore Ltd

**General Takaful:**

- ☐ Insurans Islam TAIB General Takaful Sdn Bhd  
☐ Takaful Brunei Am Sdn Bhd

3. 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:**

- ☐ Aviation  
☐ Bond  
☐ Engineering  
☐ Fire  
☐ Marine Cargo  
☐ Marine Hull  
☐ Medical and Health  
☐ Motor  
☐ Personal Accident  
☐ Professional Indemnity  
☐ Workmen Compensation  
☐ Others - *specify below:*

**General Takaful:**

- ☐ Aviation  
☐ Bond  
☐ Engineering  
☐ Fire  
☐ Marine Cargo  
☐ Marine Hull  
☐ Medical and Health  
☐ Motor  
☐ Personal Accident  
☐ Professional Indemnity  
☐ Workmen Compensation  
☐ Others- *specify below:*

### C - Particulars of Directors, Shareholders and Principal Officer (as applicant on behalf of the company)

4. Information of shareholder / director / principal officer\* (***please provide the details of each shareholder, director and principal officer in a separate sheet***)

Name			Position	Shareholder / Director / Principal Officer*	
I.C. Number		Colour		Gender	M / F
Date of birth		Nationality		Mobile No.	
Residential address					
Telephone No.		Email address			
Is the shareholder / director / principal officer* an undischarged bankrupt or a person in respect of whom a bankruptcy proceeding is pending in Court?					<input type="checkbox"/> Yes <input type="checkbox"/> No

**FOR CORPORATE AGENT (GENERAL)**

## 5. Shareholding structure (as at date of application)

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

## 6. 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

## 7. Academic and professional qualification attained by shareholder / director\*:

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

## 8. Current and employment history during the past 10 years for shareholder / director\*:

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

## 9. 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

**FOR CORPORATE AGENT (GENERAL)**

**D - Information on Corporate Nominees – *attach copy of I.C***

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

**E - Information on Employees (details of each employee) – *attach copy of I.C***

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

**F - Other Information**

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

If yes, provide details below:

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

If yes, provide details below:

12. Is the applicant also represented life insurance/takaful company? ☐ Yes  
☐ No

If yes, provide the name of company below:

## FOR CORPORATE AGENT (GENERAL)

13. Do you have any principal activities other than insurance agent/takaful agent? If yes, please provide the details.

--

### DOCUMENTS REQUIRED

14. Please tick to confirm the inclusion of the following documents, as applicable.

<input type="checkbox"/>	Copy of Identity Card / Passport for Shareholder(s), Director(s), Corporate Nominee(s) and Employee(s)
<input type="checkbox"/>	Copy of Certificate of Registration & Business Extracts from Registrar of Companies and Business Names
<input type="checkbox"/>	Copy of the Memorandum of Association and Articles of Association
<input type="checkbox"/>	Copy of Form X
<input type="checkbox"/>	Copies of qualifications mentioned in the application form
<input type="checkbox"/>	Original Copy of Clearance Letter endorsed by Brunei Insurance and Takaful Association
<input type="checkbox"/>	Original copy of AMBD Fit and Proper Checklist Form – <b>by the shareholder(s), director(s), principal officer</b>
<input type="checkbox"/>	Original copy of AMBD Fit and Proper Checklist Form - <b>by the corporate nominee(s)</b>

### DECLARATION

I, \_\_\_\_\_ (Name of applicant) 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:

C			
---	--	--	--

Received On

--	--	--	--	--	--	--	--

Receipt No.

--	--	--	--	--	--	--	--

Issued by:

Verified by: