

FOR INDIVIDUAL AGENT (GENERAL)Serial No.

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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

1. Particulars of the Individual Agent

Proposed Business Name			Name of Applicant		
I.C. Number		Colour		Gender	M / F
Date of birth		Nationality		Mobile No.	
Registered office address			Home address		
Telephone No.		Facsimile No.		Email address	

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2. Academic and professional qualification attained by individual agent:

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

3. Current and 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

B - Particulars of Registration

4. Name of General Insurance companies and/or 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

5. 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:*

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C - 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.					

D – Other Information

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

If yes, provide details below:

7. 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:

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

If yes, provide the name of company below:

9. Is the sole proprietorship an undischarged bankrupt or a person in respect of whom a bankruptcy proceeding is pending in Court? ☐ Yes ☐ No

10. Do you have any principal activities other than insurance agent/takaful agent? ☐ Yes ☐ No

If yes, please provide the details.

DOCUMENTS REQUIRED

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

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Copy of I.C. / Passport |
| <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 |

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:

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Received On

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Receipt No.

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Issued by:

Verified by: