



RENEWAL FORM 'A'
For General Agent

Serial No.

I	C			
---	---	--	--	--

اوتوريتي مونيتاري بروني دارالسلام
AUTORITI MONETARI BRUNEI DARUSSALAM

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

All sections are to be completed accurately and legibly.
(This "Form A" is applicable where there is **NO CHANGE** to the information provided in the registration application form.)

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

Please tick (/) the appropriate boxes:

1. Application is hereby made for:

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

2. As:

- ☐ an individual agent
☐ a corporate agent

3. Business Name (for individual/corporate agent) _____

4. Contact No. _____

Other information

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

If yes, provide details below:

--

6. 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:

--

7. Does the applicant meet the fit and proper requirements as provided in the ☐ Yes
"Guidelines on Fit and Proper Criteria for Key Responsible Persons and Key ☐ No
Persons in Control Functions in Insurance and Takaful" issued by AMBD?

If no, provide details below and on a separate sheet of paper, if necessary,
together with supporting documentation:

8. Is the applicant also represented life insurance/takaful company? ☐ Yes
If yes, provide the name of company below: ☐ No

9. Do you have any principal activities other than insurance agent/takaful agent? ☐ Yes
If yes, please provide the details. ☐ No

DOCUMENTS REQUIRED

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

a) For Individual Agent:

- ☐ Original copy of clearance letter endorsed by Brunei Insurance and Takaful Association
☐ Annex 1 – AMBD Payment Form

b) For Corporate Agent:

- ☐ Original copy of clearance letter endorsed by Brunei Insurance and Takaful Association
☐ Annex 1 – AMBD Payment Form

If copy has not been provided to AMBD:

- ☐ Copy of the Certificate of Registration and Business Extracts from Registrar of Companies
and Business Names

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

ANNEX 1
GENERAL INSURANCE/TAKAFUL AGENT'S ANNUAL FEES PAYMENT

I,, as an *individual agent / corporate agent hereby agree to accept the conditions as stipulated in the agent's guidelines.

I enclose a total payment of BND being payment for the renewal of annual fees in form of *cash / cheque as scheduled below:

Fee details	Registration fee amount BND	Please tick	Annual fee amount BND	Please tick	Penalty fee amount BND	Please tick	Total fees to be paid
Annual fee [Individual] [for one operating license]	300		200		400		
Annual fee [Individual] [for two operating licenses]	600		400		800		
Annual fee [Corporate] [for one operating license]	2,000		1,000		2,000		
Annual fee [Corporate] [for two operating licenses]	4,000		2,000		4,000		

Note:

1. Agent with **no late renewal** is to pay only annual fee amount.
2. Agent with **late renewal but not exceeding 60 days after the expiry date of the licence** is to pay annual fee and penalty fee.
3. Agent with **late renewal exceeding 60 days after the expiry date of the licence** is to pay registration fee, annual fee, and penalty fee.

Signature of Agent : _____

Name of Agent : _____

Date : _____

Company stamp (for corporate agent) :

Counter services hour: (for cash & cheque) Monday to Thursday 8.00 am – 11.30 am 1.45 pm – 3.00 pm Friday 8.30 am – 11.00 am Saturday CLOSED

*Delete where applicable

FOR AMBD USE ONLY

Agent Serial No.:

I	C			
---	---	--	--	--

Received on:

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

Renewal of License Serial No.

						/	I	O
--	--	--	--	--	--	---	---	---

						/	T	O
--	--	--	--	--	--	---	---	---

Proposed by:

RECOMMENDATION

Recommended by Manager
(Takaful and Insurance)

.....

Signature / Date

APPROVAL

Approval from Head of Takaful/Insurance
(Regulatory & Supervision Department)

.....

Signature / Date

ANNUAL FEES

Annual Fees:

☐ Under Insurance Order, 2006

OR

☐ Under Takaful Order, 2008

☐ Full Payment (BND200 – Individual)

☐ Full Payment (BND1,000 – Corporate)

Validity:

.....
dd/mm/yyyy

until

.....
dd/mm/yyyy

Annual Fees:

☐ Under Insurance Order, 2006

AND

☐ Under Takaful Order, 2008

☐ Full Payment (BND400 – Individual)

☐ Full Payment (BND2,000 – Corporate)

Validity:

.....
dd/mm/yyyy

until

.....
dd/mm/yyyy