

FORM 'B'
For General Agent

Serial No.

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اؤتوريتي مونيتاري بروني دارالسلام
AUTORITI MONETARI BRUNEI DARUSSALAM

FORM B

APPLICATION FOR GENERAL INSURANCE AGENT UNDER INSURANCE ORDER, 2006 (SECTION 48) OR GENERAL TAKAFUL AGENT UNDER TAKAFUL ORDER, 2008 (SECTION 49)

(This "Form B" is applicable where there are **CHANGES** to the information provided in the registration application form)

All sections to be completed accurately and legibly.

Managing Director
(Attn: Head of Takaful/Insurance, Regulatory & Supervision Department)
Autoriti Monetari Brunei Darussalam
Level 14, 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'.

1. Application is hereby made for:

- ☐ General Insurance
☐ General Takaful

2. As:

- ☐ an individual agent
☐ a corporate agent

3. Changes to particular(s) is made in the following period:

- ☐ During Renewal
☐ Other than renewal

4. Please tick (/) the appropriate box(es) according to the changes:

- | | |
|---|--|
| <input type="checkbox"/> Change in business name | <input type="checkbox"/> Change of employee (full-time/part-time)*
(new/deletion) |
| <input type="checkbox"/> Change in registered office address | <input type="checkbox"/> Open a branch / counter* |
| <input type="checkbox"/> Change of principal (new/deletion)* | <input type="checkbox"/> Close a branch / counter* |
| <input type="checkbox"/> Change in corporate nominee (new/deletion)* | <input type="checkbox"/> Change in home address |
| <input type="checkbox"/> Change in shareholder/director/principal officer*
(new/deletion)* | <input type="checkbox"/> Update of qualification |
| <input type="checkbox"/> Change in sole proprietor (individual agent) | |

5. Name of Individual/Corporate Agent _____

6. Contact No. _____

CHANGES IN PARTICULARS																											
7. Change in business name																											
8. Change in sole proprietor	<i>Please fill in the details in the supplementary sheet under 'Part A'.</i> Reason for change in sole proprietor:																										
9. Change in registered office address (state the effective date of changes)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>																										
	New office contact no:																										
10. Change in home address (state the effective date of changes)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>																										
	New home contact no:																										
11. New branch/counter* address (state the effective date of changes) [For Corporate Agent]	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>																										
12. Closed branch/counter address (state the effective date of changes) [For Corporate Agent]	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>																										
13. Change of principal represented	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> National Insurance Co Bhd</div> <div><input type="checkbox"/> Standard Insurance Sdn Bhd</div> <div><input type="checkbox"/> Tokio Marine Insurance Singapore Ltd</div> <div><input type="checkbox"/> Insurans Islam TAIB General Takaful Sdn Bhd</div> <div><input type="checkbox"/> Takaful Brunei Am Sdn Bhd</div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The class/classes of insurance/takaful business in respect of which this application is made are as below:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 50%;">General Insurance:</th> <th style="text-align: left; width: 50%;">General Takaful:</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Aviation</td><td><input type="checkbox"/> Aviation</td></tr> <tr><td><input type="checkbox"/> Bond</td><td><input type="checkbox"/> Bond</td></tr> <tr><td><input type="checkbox"/> Engineering</td><td><input type="checkbox"/> Engineering</td></tr> <tr><td><input type="checkbox"/> Fire</td><td><input type="checkbox"/> Fire</td></tr> <tr><td><input type="checkbox"/> Marine Cargo</td><td><input type="checkbox"/> Marine Cargo</td></tr> <tr><td><input type="checkbox"/> Marine Hull</td><td><input type="checkbox"/> Marine Hull</td></tr> <tr><td><input type="checkbox"/> Medical and Health</td><td><input type="checkbox"/> Medical and Health</td></tr> <tr><td><input type="checkbox"/> Motor</td><td><input type="checkbox"/> Motor</td></tr> <tr><td><input type="checkbox"/> Personal Accident</td><td><input type="checkbox"/> Personal Accident</td></tr> <tr><td><input type="checkbox"/> Professional Indemnity</td><td><input type="checkbox"/> Professional Indemnity</td></tr> <tr><td><input type="checkbox"/> Workmen Compensation</td><td><input type="checkbox"/> Workmen Compensation</td></tr> <tr> <td><input type="checkbox"/> Others – specify below:</td> <td><input type="checkbox"/> Others – specify below:</td> </tr> </tbody> </table> </div>	General Insurance:	General Takaful:	<input type="checkbox"/> Aviation	<input type="checkbox"/> Aviation	<input type="checkbox"/> Bond	<input type="checkbox"/> Bond	<input type="checkbox"/> Engineering	<input type="checkbox"/> Engineering	<input type="checkbox"/> Fire	<input type="checkbox"/> Fire	<input type="checkbox"/> Marine Cargo	<input type="checkbox"/> Marine Cargo	<input type="checkbox"/> Marine Hull	<input type="checkbox"/> Marine Hull	<input type="checkbox"/> Medical and Health	<input type="checkbox"/> Medical and Health	<input type="checkbox"/> Motor	<input type="checkbox"/> Motor	<input type="checkbox"/> Personal Accident	<input type="checkbox"/> Personal Accident	<input type="checkbox"/> Professional Indemnity	<input type="checkbox"/> Professional Indemnity	<input type="checkbox"/> Workmen Compensation	<input type="checkbox"/> Workmen Compensation	<input type="checkbox"/> Others – specify below:	<input type="checkbox"/> Others – specify below:
General Insurance:	General Takaful:																										
<input type="checkbox"/> Aviation	<input type="checkbox"/> Aviation																										
<input type="checkbox"/> Bond	<input type="checkbox"/> Bond																										
<input type="checkbox"/> Engineering	<input type="checkbox"/> Engineering																										
<input type="checkbox"/> Fire	<input type="checkbox"/> Fire																										
<input type="checkbox"/> Marine Cargo	<input type="checkbox"/> Marine Cargo																										
<input type="checkbox"/> Marine Hull	<input type="checkbox"/> Marine Hull																										
<input type="checkbox"/> Medical and Health	<input type="checkbox"/> Medical and Health																										
<input type="checkbox"/> Motor	<input type="checkbox"/> Motor																										
<input type="checkbox"/> Personal Accident	<input type="checkbox"/> Personal Accident																										
<input type="checkbox"/> Professional Indemnity	<input type="checkbox"/> Professional Indemnity																										
<input type="checkbox"/> Workmen Compensation	<input type="checkbox"/> Workmen Compensation																										
<input type="checkbox"/> Others – specify below:	<input type="checkbox"/> Others – specify below:																										

14. Change in shareholder / director / principal officer* (new/deletion)*	Please fill in the details in the supplementary sheet under ' Part A '.
15. Change in corporate nominee(s) (new/deletion)*	Please fill in the details in the supplementary sheet under ' Part B '.
16. Change of employee(s) (full-time/part-time) * (new/deletion)*	Please fill in the details in the supplementary sheet under ' Part C '.

Other information

17. Has the applicant ever had a previous insurance agent or takaful agent registration cancelled? ☐ Yes
If yes, provide details below: ☐ No
18. 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
If yes, provide details below: ☐ No
19. Is the applicant also represented life insurance/takaful company? ☐ Yes
If yes, provide the name of company below: ☐ No
20. Do you have any principal activities other than insurance agent/takaful agent? If yes, please provide the details.
21. Is the sole proprietor an undischarged bankrupt or a person in respect of whom a bankruptcy proceeding is pending in Court? ☐ Yes
☐ No
22. Does the applicant meet the fit and proper requirements as provided in the "Guidelines on Fit and Proper Criteria for Key Responsible Persons and Key Persons in Control Functions in Insurance and Takaful" issued by AMBD? ☐ Yes
If no, provide details below and on a separate sheet of paper, if necessary, together with supporting documentation: ☐ No

DOCUMENTS REQUIRED (Mandatory to fill in)*

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

a) For Individual Agent

☐
☐

Original copy of clearance letter endorsed by BITA

Copy of Identity Card / Passport - **for new appointed employee(s)**

b) For Corporate Agent

☐
☐

Original copy of clearance letter endorsed by BITA

Copy of Notice of Situation of Registered Office - **for changes in registered office address**

For new appointed shareholder(s), director(s), corporate nominee(s):

☐
☐

Copy of Identity Card / Passport – **including for new appointed employee(s)**

Copy of Qualifications mentioned in the form

☐

Copy of Form X

☐

Original copy of AMBD Fit and Proper Checklist Form

If copy has not been provided to AMBD:

☐

Copy of the Certificate of Registration and Business Extracts from ROCBN

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

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:

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) :

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

*Delete where applicable