



**اؤتوريٲى مونيتارى بروني دارالسلام**  
**AUTORITI MONETARI BRUNEI DARUSSALAM**

**APPLICATION FOR REGISTRATION AS LIFE INSURANCE AGENT  
OR FAMILY 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 7, Ministry of Finance Building  
Commonwealth Drive, BB3910  
Brunei Darussalam

*Please tick (/) the appropriate boxes*

Application is hereby made for:

- ☐ life insurance agent  
☐ family takaful agent licence

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 one principal. This principal must be insurance company registered under the Insurance Order, 2006 or Takaful operator registered under the Takaful Order, 2008.***

<b>PARTICULARS OF APPLICATION</b>
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A - Particulars of the Individual Agent / Corporate Agent

1. Name/Company Name

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

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

(i) Authorised

\_\_\_\_\_ BND

(ii) Paid-up

\_\_\_\_\_ BND

B - Particulars of Registration

6. 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).

**Life Insurance:**

<input type="checkbox"/>	Term Insurance
<input type="checkbox"/>	Whole Life
<input type="checkbox"/>	Endowment
<input type="checkbox"/>	Medical & Health
<input type="checkbox"/>	Investment (Unit)-Linked
<input type="checkbox"/>	Others - <i>specify below:</i>

**Family Takaful:**

<input type="checkbox"/>	Term Takaful
<input type="checkbox"/>	Whole Life
<input type="checkbox"/>	Endowment
<input type="checkbox"/>	Medical & Health
<input type="checkbox"/>	Investment (Unit)-Linked
<input type="checkbox"/>	Others- <i>specify below:</i>

C - Name of Life Insurance/Family Takaful represented

7. 

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

8. Shareholding structure (as at date of application)

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

9. 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

10. 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

9. 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

10. 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

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

If yes, provide details below:

12. 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:

13. Is the applicant also represented general insurance/takaful companies? ☐ Yes  
☐ No

If yes, provide the name of company(ies) below:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## DOCUMENTS REQUIRED

14. 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 Certificate of Registration & Business Extracts from Registrar of Companies and Business Names (1 copy)* <i>*only applicable to existing Corporate Agents registered as general insurance/takaful agent</i>
<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"/>	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>by the owner</b> )
<input type="checkbox"/>	Original copy of AMBD Fit and Proper Checklist Form ( <b>by the corporate nominee(s)</b> )

15. 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) \_\_\_\_\_



**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: