



أوتوري تي مونيتاري بروني دارالسلام
AUTORITI MONETARI BRUNEI DARUSSALAM

**APPLICATION FOR REGISTRATION AS GENERAL INSURANCE AGENT
AND/OR GENERAL 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: Executive Director, Insurance/Takaful and Capital Market Supervision Division)
Autoriti Monetari Brunei Darussalam
Level 14, Ministry of Finance Building
Commonwealth Drive, BB3910
Brunei Darussalam

Please tick (/) the appropriate boxes

Application is hereby made for:

- general insurance agent licence
 general takaful agent licence
 general insurance agent and general 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 up to three principals. These principals must be insurance companies and Takaful operators registered under the Insurance Order, 2006 and Takaful Order, 2008.***

PARTICULARS OF APPLICATION

A - Particulars of the Individual Agent / Corporate Agent

1. Business name (including proposed business names for new registration)

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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. Details of Certificate of Registration (Section 16 & 17) if applicable:

Certificate Number _____
Date of incorporation _____
Place of incorporation _____

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

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

(i) Authorised BND

(ii) Paid-up BND

B - Particulars of Registration

7. 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:

<input type="checkbox"/>	Aviation
<input type="checkbox"/>	Bond
<input type="checkbox"/>	Engineering
<input type="checkbox"/>	Fire
<input type="checkbox"/>	Marine Cargo
<input type="checkbox"/>	Marine Hull
<input type="checkbox"/>	Medical and Health
<input type="checkbox"/>	Motor
<input type="checkbox"/>	Personal Accident
<input type="checkbox"/>	Professional Indemnity
<input type="checkbox"/>	Workmen Compensation
<input type="checkbox"/>	Others - <i>specify below:</i>

General Takaful:

<input type="checkbox"/>	Aviation
<input type="checkbox"/>	Bond
<input type="checkbox"/>	Engineering
<input type="checkbox"/>	Fire
<input type="checkbox"/>	Marine Cargo
<input type="checkbox"/>	Marine Hull
<input type="checkbox"/>	Medical and Health
<input type="checkbox"/>	Motor
<input type="checkbox"/>	Personal Accident
<input type="checkbox"/>	Professional Indemnity
<input type="checkbox"/>	Workmen Compensation
<input type="checkbox"/>	Others- <i>specify below:</i>

C - List of Principals represented

- (i) _____
- (ii) _____
- (iii) _____

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

9. Shareholding structure (as at date of application)

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

10. 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

11. Information of Shareholder / Director / Principal Officer
(please provide the details of each shareholder, director and principal officer in a separate sheet)

- a. Name _____
- b. Position Shareholder / Director / Principal Officer *
- 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

12. 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 Corporate Agent

13. Details of each employee:

No.	Name	I.C. No. (Colour) / Passport No.	Position	Date of appointment	Academic and Professional Qualifications
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

G – Other Information

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

If yes, provide details below:

15. 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:

16. Does the applicant meet the fit and proper requirements as provided in the “Guidelines on Fit and Proper Criteria for Key Responsible Persons in Insurance and Takaful” issued by AMBD? Yes
 No

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

DOCUMENTS REQUIRED

17. Please tick to confirm the inclusion of the following documents, as applicable.
(Please enclose the number of copies indicated)

a) For existing agents registering before 1st January 2015:

<input type="checkbox"/>	Copy of Identity Card / Passport
<input type="checkbox"/>	Copy of the Certificate of Registration (Section 16 & 17) from Registrar of Companies (1 copy) – if the business name / nature of business to be maintained
<input type="checkbox"/>	Copy of Business Name Reserve Letter from Registrar of Companies (1 copy) – if there is a change in the business name / nature of business
<input type="checkbox"/>	Copy of the Memorandum of Association and Articles of Association (1 copy)
<input type="checkbox"/>	Copies of qualifications mentioned in the application form (1 copy)
<input type="checkbox"/>	Copy of clearance letter endorsed by Brunei Insurance and Takaful Association (BITA) (1 copy)

b) For new agents applying after 1st July 2014:

	Copy of Identity Card / Passport
	Copy of Business Name Reserve Letter from Registrar of Companies (1 copy)
	Copy of the Memorandum of Association and Articles of Association (1 copy)
	Copies of qualifications mentioned in the application form (1 copy)
	Copy of clearance letter endorsed by Brunei Insurance and Takaful Association (BITA) (1 copy)

18. 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) _____

(v) _____

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: