|  |
| --- |
| ADDITIONAL NOMINEE AGENTPrimary Principal (Please tick One Only)    FORM BPage 1 of 2APPLICATION FORMTO BE COMPLETED BY NOMINEE AGENTName of Agent/Agency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NRIC No/Business Reg No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GIAS Agent No.: \_\_\_\_\_\_\_\_\_\_\_\_ Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Principals Currently Representing :1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque DetailsBank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Cheque No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_Cheque Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount : \_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature/Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_  *{to be signed by the agent}* *(To be signed by the Chief Executive of the new principal representation)*I confirm the above request and will await the approval of the above application.Name of Insurance Company : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Chief Executive : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For GIA Use Date Vetted: \_\_\_\_\_\_\_\_\_Signature of Chief Executive : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_**Note: The GIA will not be responsible for any misuse of the information by the parties concerned.** |
| FORM BPage 2 of 2TO BE COMPLETED BY NOMINEE AGENTIf you would like to be registered and appointed as a **Nominee Agent** of the agent, please provide us the following information: - **PARTICULARS** Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NRIC/Passport No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender : Male  Female Residential Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OTHER DETAILS**Academic Qualification : ‘O’ level  Tertiary  Bachelor  ‘A’ level  University  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Professional Qualification : CGI  PGI  COMGI  PGI & COMGI  CGI Exempted Under Grandfathers’ Clause  Others\_\_\_\_\_\_\_\_\_\_\_\_ Current Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Years of Experience : \_\_\_\_\_\_\_\_\_\_ Percentage of Revenue/Salary : \_\_\_\_\_\_\_ % Part-time  Full-time Type of Agent (Please Tick One Only)General Agent  General & Life Agent Trade Specific  - (If you tick this, please complete  Type of Trade)**Type of Trade (**Please Tick One Only)(Applicable for Trade Specific Agent only)Freight Forwarder  Motor Dealer Travel Agency  Maid Agency  DETAILS OF EXPERIENCE

|  |  |  |  |
| --- | --- | --- | --- |
| Name of insurance companies/agencies/broking firms |  Position Held | Date Joined |  Date Left |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

 **Note: The GIA will not be responsible for any misuse of the information by the parties concerned.** |