



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

All sections to be completed accurately and legibly.

Submit to:
Head of Takaful/Insurance, Regulatory and Supervision Department
Brunei Darussalam Central Bank
Level 7, Ministry of Finance and Economy Complex,
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.
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.

Note: An agent can only represent up to three principals. These principals must be insurance companies registered under the Insurance Order, 2006 and/or Takaful operators registered under the Takaful Order, 2008.

PARTICULARS OF APPLICATION

A – Particulars of the Corporate Agent

Proposed Business Name					
Registered Office Address					
Telephone No.		Facsimile No.		Email Address	
Authorised Share Capital [in BND]			Paid-Up Share Capital [in BND]		

B - Particulars of Registration

2. Name of General Insurance companies and/or General Takaful operators represented:

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

3. 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:

Aviation

Bond

Engineering

Fire

Marine Cargo

Marine Hull

Medical and Health

Motor

Personal Accident

Professional Indemnity

Workmen Compensation

Others - *specify below:*

General Takaful:

Aviation

Bond

Engineering

Fire

Marine Cargo

Marine Hull

Medical and Health

Motor

Personal Accident

Professional Indemnity

Workmen Compensation

Others- *specify below:*

C - Particulars of Directors, Shareholders and Principal Officer
(as applicant on behalf of the company)

4. Information of shareholder / director / principal officer* *(please provide the details of each shareholder, director and principal officer in a separate sheet)*

Name		Position	Shareholder / Director / Principal Officer*	
I.C. Number	Colour		Gender	M / F
Date of Birth	Nationality		Mobile No.	
Residential Address				
Telephone No.	Email Address			
Is the shareholder / director / principal officer* an undischarged bankrupt or a person in respect of whom a bankruptcy proceeding is pending in Court?				<input type="checkbox"/> Yes
				<input type="checkbox"/> No

5. Shareholding structure (as at date of application)

Name of Shareholders	No. of Shares	Amount in BND	% of Shareholding

6. 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

7. Academic and professional qualification attained by shareholder / director*:

Name of Institute/ Professional Body	Country	Qualification	Year Obtained

8. Current and employment history during the past 10 years for shareholder / director*:

Name and Address of Employer (If Self-Employed, Please State)	Nature of Business of Employer	Designation and Department	Period (mm/yy)	
			From	To

9. Directorship held by shareholder / director:

Name of Company and Place of Corporation	Nature of Business	Directorship (Executive/ Non-Executive)	Date of Appointment	% Shareholding in Company

FOR CORPORATE AGENT (GENERAL)

D - Information on Corporate Nominees [Attach Copy of I.C & Qualifications]

Name	I.C. No. [Colour]	Position	Date of Appointment	Academic and Professional Qualifications	Employment History	
					Name of Employer/ Position	Year [From/To]
1.						
2.						
3.						

E - Employees Information (Details of Each Employee) – [Attach Copy of I.C]

Name	I.C. No. [Colour]	Position	Date of Appointment	Academic and Professional Qualifications	Roles and Responsibilities	Employment History	
						Name of Employer and Position	Year [From/To]
1.							
2.							
3.							

F - Other Information

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

If 'Yes', provide details below:

11. 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:

12. Is the applicant also representing life insurance/takaful company? Yes
 No

If 'Yes', provide the name of company below:

13. Do you have any other business activities aside from being an insurance agent/takaful agent? Yes
 No

If 'Yes', provide details below:

DOCUMENTS REQUIRED

14. Please tick to confirm the following documents are enclosed with this form, where applicable.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Copy of Identity Card / Passport for 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 |
| <input type="checkbox"/> | Copy of the Memorandum of Association and Articles of Association |
| <input type="checkbox"/> | Copy of Form X |

- Copies of qualifications mentioned in the application form
- Original Copy of Clearance Letter endorsed by Brunei Insurance and Takaful Association
- Original copy of BDCB Fit and Proper Checklist Form – **by the shareholder, director, principal officer**
- Original copy of BDCB Fit and Proper Checklist Form - **by the corporate nominee**

DECLARATION

I, _____ (Name of applicant) of I.C. Number (Colour) _____ 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 BDCB USE ONLY]	
Serial No:	C
Received on:	
Receipt no:	
Issued by:	
Verified by:	