

**SUPPLEMENTARY TO THE RENEWAL FORM B  
FOR GENERAL INSURANCE AND/OR GENERAL TAKAFUL AGENTS**

**[Part A] PARTICULARS OF DIRECTORS, SHAREHOLDERS AND PRINCIPAL OFFICER  
(as applicant on behalf of the company)**

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

<b>Name</b>		<b>Position</b>	Shareholder / Director / Principal Officer / Sole Proprietor*		
<b>I.C. Number</b>		<b>Colour</b>		<b>Gender</b>	M / F
<b>Date of Birth</b>		<b>Nationality</b>		<b>Mobile No.</b>	
<b>Residential Address</b>					
<b>Telephone No.</b>		<b>Email Address</b>			
Is the shareholder / director / principal officer / sole proprietor* 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

2. Current and employment history during the past 10 years for shareholder / director / principal officer / sole proprietor\*:

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

3. Shareholding structure (as at date of application)

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

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4. Information on corporate shareholder *(if applicable)*:

Name of Shareholders	Place of Incorporation <i>(If Applicable)</i>	Nature of Business	No. of Shares Held	% of Shares Held

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

Name of Institute/ Professional Body	Country	Qualification	Year Obtained

6. Directorship held by shareholder / director:

Name of Company and Place of Corporation	Nature of Business	Directorship <i>[Executive / Non-executive]</i>	Date of Appointment	% Shareholding in Company

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**[Part B] INFORMATION ON CORPORATE NOMINEE(S)**

**For New Corporate Nominee(s):**

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

**Resigned Corporate Nominee(s):**

Name	I.C. No. [Colour]	Position	Date of Resignation
1.			
2.			
3.			

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**[Part C] EMPLOYEES INFORMATION (Details of Each Employee)**

**For New Employee(s):**

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.							

**Resigned Employee(s):**

Name	I.C. No. [Colour]	Position	Date of Resignation
1.			
2.			
3.			