

Serial No. 

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**FORM B**  
**APPLICATION FOR GENERAL INSURANCE AGENT UNDER INSURANCE ORDER, 2006**  
**(SECTION 48) OR GENERAL TAKAFUL AGENT UNDER TAKAFUL ORDER, 2008 (SECTION 49)**

**[This "Form B" is applicable where there are CHANGES to the information provided in the registration application form]**

All sections to be completed accurately and legibly.

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

1. Application is hereby made for:  
 General Insurance  
 General Takaful
2. As:  
 An individual agent  
 A corporate agent
3. Changes to particular(s) is made in the following period:  
 During Renewal  
 Other than renewal
4. Please tick (/) the appropriate box(es) according to the changes:  
 Change in business name  
 Change in registered office address  
 Change of principal (new/deletion)\*  
 Change in corporate nominee (new/deletion)\*  
 Change of employee (full-time/part-time)\* (new/deletion)  
 Open a branch / counter\*  
 Close a branch / counter\*

**FORM 'B'**  
**For General Agent**

- Change in shareholder/director/principal officer\*  
[new/deletion]\*
- Change in sole proprietor (individual agent)

- Change in home address
- Update of qualification
- Others: \_\_\_\_\_

5. Name of Individual/Corporate Agent \_\_\_\_\_

6. Contact No. \_\_\_\_\_

**CHANGES IN PARTICULARS**

7. Change in Business Name																									
8. Change in Sole Proprietor	<p><i>Please fill in the details in the supplementary sheet under 'Part A'.</i></p> <p><b>Reason for Change In Sole Proprietor:</b></p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>																								
9. Change in Registered Office Address <i>(state the effective date of changes)</i>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p><b>New Office Contact No:</b></p>																								
10. Change in Home Address <i>(state the effective date of changes)</i>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p><b>New Home Contact No:</b></p>																								
11. New Branch / Counter* Address <i>(state the effective date of changes)</i> <b>[For Corporate Agent]</b>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>																								
12. Closed Branch / Counter Address <i>(state the effective date of changes)</i> <b>[For Corporate Agent]</b>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>																								
13. Change of Principal Represented <i>(please tick "/" where necessary)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Existing</th> <th style="width: 15%;">New</th> <th style="width: 15%;">Deletion</th> <th style="width: 55%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td>National Insurance Co Bhd</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td>Standard Insurance Sdn Bhd</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td>Tokio Marine Insurance Singapore Ltd</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td>Insurans Islam TAIB General Takaful Sdn Bhd</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td>Takaful Brunei Am Sdn Bhd</td> </tr> </tbody> </table>	Existing	New	Deletion					National Insurance Co Bhd				Standard Insurance Sdn Bhd				Tokio Marine Insurance Singapore Ltd				Insurans Islam TAIB General Takaful Sdn Bhd				Takaful Brunei Am Sdn Bhd
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			Takaful Brunei Am Sdn Bhd																						

	<p>The class/classes of insurance/takaful business in respect of which this application is made are as below:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>General Insurance:</b></p> <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>  <hr style="width: 100%;"/> </td> <td style="width: 50%; vertical-align: top;"> <p><b>General Takaful:</b></p> <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>  <hr style="width: 100%;"/> </td> </tr> </table>	<p><b>General Insurance:</b></p> <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> <hr style="width: 100%;"/>	<p><b>General Takaful:</b></p> <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> <hr style="width: 100%;"/>
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14. Change in Shareholder / Director / Principal Officer* [new/deletion]*	<i>Please fill in the details in the supplementary sheet under 'Part A'.</i>		
15. Change in Corporate Nominee(s) [new/deletion]*	<i>Please fill in the details in the supplementary sheet under 'Part B'.</i>		
16. Change of Employee(s) [full-time/part-time] * [new/deletion]*	<i>Please fill in the details in the supplementary sheet under 'Part C'.</i>		

**Other Information**

17. Has the applicant ever had a previous insurance agent or takaful agent registration cancelled? If 'Yes', please provide details below:  Yes  
 No

18. 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  
If 'Yes', please provide details below:  No

19. Is the applicant also represent life insurance/takaful company?  
If 'Yes', please provide the name of company below:  Yes  
 No

20. Do you have any other business activities aside from being an insurance agent/takaful agent? If 'Yes', please provide the details.  Yes  
 No

21. Is the sole proprietor an undischarged bankrupt or a person in respect of whom a bankruptcy proceeding is pending in Court?  Yes  
 No

22. Does the applicant meet the fit and proper requirements as provided in the "Guidelines on Fit and Proper Criteria for Key Responsible Persons and Key Persons in Control Functions in Insurance and Takaful" issued by BDCB?  Yes  
 No  
If 'No', please provide details below and on a separate sheet of paper, if necessary, together with supporting documentation:

**DOCUMENTS REQUIRED (Mandatory)**

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

**a) For Individual Agent:**

- Original copy of clearance letter endorsed by Brunei Insurance and Takaful Association  
 Copy of Identity Card / Passport - *for new appointed employee(s)*

**b) For Corporate Agent:**

- Original copy of clearance letter endorsed by Brunei Insurance and Takaful Association  
 Copy of Notice of Situation of Registered Office - *for changes in registered office address*  
***For new appointed shareholder(s), director(s), corporate nominee(s):***  
 Copy of Identity Card / Passport – *including for new appointed employee(s)*  
 Copy of Qualifications mentioned in the form  
 Copy of Form X

Original copy of BDCB Fit and Proper Checklist Form

***If copy has not been provided to BDCB:***

Copy of the Certificate of Registration and Business Extracts from ROCBN

**DECLARATION**

I, \_\_\_\_\_ (Name of Individual Agent / Corporate Agent\*) 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 \_\_\_\_\_

Date \_\_\_\_\_

<b>[FOR BDCB USE ONLY]</b>	
Serial No:	I/C
Received on:	
Receipt no:	
Issued by:	
Verified by:	

**ANNEX 1**

**GENERAL INSURANCE/TAKAFUL AGENT'S ANNUAL FEES PAYMENT**

I, ....., as an \*individual agent / corporate agent hereby agree to accept the conditions as stipulated in the agent's guidelines.

I enclose a total payment of BND ..... being payment for the renewal of annual fees in form of \*cash / cheque as scheduled below:

Fee Details	Registration Fee Amount BND	Please tick	Annual Fee Amount BND	Please tick	Penalty Fee Amount BND	Please tick	Total Fees To Be Paid
Annual Fee [Individual] <b>[For One Operating License]</b>	300		200		400		
Annual Fee [Individual] <b>[For Two Operating Licenses]</b>	600		400		800		
Annual Fee [Corporate] <b>[For One Operating License]</b>	2,000		1,000		2,000		
Annual Fee [Corporate] <b>[For Two Operating Licenses]</b>	4,000		2,000		4,000		

Note:

1. Agent with no late renewal is to pay only annual fee amount.
2. Agent with late renewal but not exceeding 60 days after the expiry date of the licence is to pay annual fee and penalty fee.
3. Agent with late renewal exceeding 60 days after the expiry date of the licence is to pay registration fee, annual fee, and penalty fee.

Signature of Agent : \_\_\_\_\_

Name of Agent : \_\_\_\_\_

Date : \_\_\_\_\_

Company stamp *(for corporate agent)* :

<b>BDCB Payment Details</b>	
Beneficiary Name	Brunei Darussalam Central Bank
Beneficiary Address	Level 14, Ministry of Finance and Economy Building, Commonwealth Drive, BB3910, Brunei Darussalam
Beneficiary Account	0201110270008
Bank	Baiduri Bank Berhad
Bank Address	Baiduri Bank Headquarters 1 Jalan Gadong, Bandar Seri Begawan BA1511 Negara Brunei Darussalam
Swift Code	BAIDBNBB

*\*Delete where applicable*