



**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 Individual Agent**

Proposed Business Name		Name of Applicant	
I.C. Number	Colour	Gender	M / F
Date of Birth	Nationality	Mobile No.	
Registered Office Address		Home Address	
Telephone No.	Facsimile No.	Email Address	

2. Academic and professional qualification attained by individual agent:

Name of Institute/ Professional Body	Country	Qualification	Year Obtained

3. Current and employment history during the past 10 years:

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

**B - Particulars of Registration**

4. Name of General Insurance companies and/or 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

5. 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:*

**FOR INDIVIDUAL AGENT (GENERAL)**

**C - 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.							

**D – Other Information**

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

7. 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', provide details below:  No

8. Is the applicant also representing a life insurance/takaful company?  Yes  
If 'Yes', provide the name of company below:  No

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

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

**DOCUMENTS REQUIRED**

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

- Copy of I.C. / Passport
- 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

**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:	I
Received on:	
Receipt no:	
Issued by:	
Verified by:	