



**APPLICATION FORM FOR THE
APPROVAL FOR KEY RESPONSIBLE PERSONS AND KEY PERSONS IN
CONTROL FUNCTIONS IN INSURANCE AND TAKAFUL**

Explanatory Notes

1. Please read the explanatory notes and questions carefully before completing the application form.
2. All questions must be answered. If a question is not applicable, please mark “N.A.” in the space provided. Should there be insufficient space for your answers, please attach annex(es) which should be identified as such and signed by the signatory to this application.
 - 2.1. Where there is an asterisk (*), please delete whichever is inapplicable.
 - 2.2. Please tick (√) in the relevant boxes where appropriate.
3. If there are any changes in the information furnished in the application prior to the approval of the application, Autoriti Monetari Brunei Darussalam (the “Authority”) shall be notified immediately.
4. This application form shall be duly completed and signed by the person whose appointment is sought (“appointee”).

APPLICATION IS HEREBY MADE FOR

(Full name of appointee as in IC/Passport*
Please underline surname)

TO BE APPOINTED AS _____
(Full title of intended position)

(Full name of corporation)

1. PERSONAL PARTICULARS OF APPOINTEE

Residential Address	
Contact Numbers	Home: _____ Office: _____
Sex	Male / Female*
Date of Birth (dd/mm/yy)	
Place of Birth	
Nationality	
IC/Passport No.*	

2. DETAILS OF KEY RESPONSIBLE PERSON/KEY PERSON IN CONTROL FUNCTION

<p>1. Key Function(s) for which application is sought:</p> <ul style="list-style-type: none"><input type="checkbox"/> Controller<input type="checkbox"/> Member of Board of Directors<input type="checkbox"/> A Chief Executive Officer or Managing Director of insurers incorporated in Brunei Darussalam, brokers or adjusters<input type="checkbox"/> Principal Officer of insurers, brokers or adjusters incorporated outside Brunei Darussalam<input type="checkbox"/> Chief Internal Auditor<input type="checkbox"/> Chief Risk Officer<input type="checkbox"/> Head of Compliance<input type="checkbox"/> Chief Financial Officer<input type="checkbox"/> Chief Internal Actuary
<p>2. Specify role and responsibilities of the proposed key function:</p>
<p>3. Will you be handling /assuming other responsibilities from Brunei Darussalam?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Please Specify:</p>

3. DETAILS OF APPLICANT (FOR CONTROLLERS ONLY)

Place of incorporation (where applicable)	
Date of incorporation (where applicable)	
Nature and scope of business	
Source of finance/funding and future access to capital <i>(please also provide the necessary documentation)</i>	
Information on shareholding and voting power in the registered insurance company / takaful operator	
Percentage shareholding and voting power at time of this application	Held by applicant alone: Held by applicant's associates: Total:
Percentage shareholding and voting power proposed to acquire	Held by applicant alone: Held by applicant's associates: Total:
Group structure, if applicable and organization chart	<i>To provide as attachment to this form</i>

4. QUALIFICATIONS AND EXPERIENCE

1. Please provide details and certified copies of academic and professional qualifications and the year and place in which these were obtained (with originals or certified copies of certificates and translations)

Original or Certified Copies Attached

- Yes
 No

Professional Qualification

Name of Professional Institute	Qualification	Class of Membership	Year Obtained

Academic Qualification

Name of Institute	Country	Qualification	Year of Graduation

2. Please provide details of your employment history since the age of 25:

Name of company & principal activity	Country of Incorporation	Position held in the company	Year (from/to)

5. SHAREHOLDINGS AND DIRECTORSHIPS / POSITIONS HELD IN OTHER COMPANIES

1. Do you have equity interest of 5% or more in any other firms or companies? If so, please provide the following details:

No.	Name of Company (including address)	Country of incorporation	Principal Activities	Position Held

2. State the details of firms or companies where you are also the director, partner, proprietor or employee (*where applicable*)

No.	Name of Company (including address)	Country of incorporation	Principal Activities	Position Held

3. State details of shareholdings or interest in firms or companies held by spouse, father, mother, son and daughter (*where applicable*)

No.	Name of Company (including address)	Country of incorporation	Principal Activities	Position Held

6. FIT AND PROPER CRITERIA

If the answer to any of the following questions is in the affirmative, attach annexes and supporting documents, where appropriate, to provide all relevant particulars. If there is any doubt with respect to any part of this section, please provide all relevant information to demonstrate that you are considered to be a fit and proper person.

Honesty, Integrity and Reputation

QUESTION	YES	NO
1. Have you at any time been convicted of any felony or crime by any court or competent jurisdiction, including civil or military (excluding traffic offence) that relates to your honesty and/or integrity unless you subsequently have been restored to good standing?		
If yes, please give full particulars of the court by which you were convicted, the offence and the penalty imposed and the date of conviction as well as evidence of having been restored to good standing.		
2. Have you been licensed, registered or approved under any law in any jurisdiction which requires licensing, registration or approval in relation to any regulated activity?		
If yes, please list all applications showing whether they have been successful or unsuccessful.		
3. Have you ever been refused the right or restricted in your right to carry on any trade, business or profession for which a specific licence, registration or other authorisation is required by law in any jurisdiction?		
If yes, please give full particulars of the action taken, where and when it took place and the identity of the party having taken this action.		

4. Have you contravened any financial services legislation or been the subject of any disciplinary proceedings, investigations and/or fines by a governmental, professional or other regulatory body or association?		
If yes, please give full particulars of the action taken, where and when it took place and identity of the party having taken this action.		
5. Have you been the subject of any adverse finding in a civil action by any court or competent jurisdiction, relating to fraud?		
If yes, please give full particulars of the court by which you were convicted, the offence and the penalty imposed and the date of conviction.		
6. Have you been the subject of any adverse finding in a civil action by any court or competent jurisdiction, relating to misfeasance or other misconduct in connection with the formation or management of a corporation or partnership?		
If yes, please give full particulars of the court by which you were convicted, the offence and the penalty imposed and the date of conviction.		

7. Has any body corporate, partnership or unincorporated institution to which you have been associated with as a director, controller, manager or company secretary contravened any financial services legislation or been the subject of any disciplinary proceedings, investigations and/or fines by a governmental, professional or other regulatory body or association?		
If yes, please give full particulars of the action taken, where and when it took place and the identity of the party having taken this action.		
8. Have you been a director, partner, substantial shareholder or concerned in the management of a business that has gone into insolvency, liquidation or administration during the period when, or within a period of one year after, you were a director, partner, substantial shareholder or concerned in the management of the business, whether in Brunei Darussalam or elsewhere?		
If yes, please give full particulars of the business, position, where and when it took place.		
9. Have you been disqualified from acting as a director or disqualified from acting in any managerial capacity, whether in Brunei Darussalam or elsewhere?		
If yes, please give full particulars of the action taken, where and when it took place.		

Financial Soundness

QUESTION	YES	NO
1. Have you been adjudged bankrupt by a court?		
If yes, please give full particulars of the action taken, where and when it took place and provide evidence that you have met your obligations in the last 10 years and have achieved economic accomplishments.		
2. Have you been or are you unable to fulfill any of your financial obligations, whether in Brunei Darussalam or elsewhere?		
If yes, please give full particulars of the action taken, where and when it took place and provide evidence that you have met all your obligations in the last 10 years and have achieved economic accomplishments.		
3. Have you been or are you subject to any judgment debt which is unsatisfied, either in whole or in part, whether in Brunei Darussalam or elsewhere?		
If yes, please give full particulars of the action taken, where and when it took place.		
4. Provide the name and address of one or more bankers as a reference for the Authority to obtain information on the conduct of your financial affairs over the past 5 years:		

DECLARATION

1. I have read the Notice on the Application for Approval for Key Responsible Persons and Key Persons in Control Functions in Insurance and Takaful issued by the Authority and in submitting this form, I am satisfied that I am a fit and proper person based on the criteria stated in the Notice.
2. I certify that the information in this Form is accurate and complete to the best of my knowledge and belief and that there are no other facts relevant to this application of which the Authority should be aware.
3. I authorise the Authority to make such enquiries and seek further information it deems necessary in considering this application for the approval of Key Responsible Person and/or Key Person in Control Function.
4. I am aware that it is an offence under Section 78(b) of the Insurance Order, 2006; Section 79(b) of the Takaful Order, 2008; and any regulations issued thereunder to provide to the Authority any information which is false or misleading.
5. I also confirm that I will not assume the responsibilities of the Key Responsible Person/Key Person in Control Function for which this application is being submitted prior to obtaining such approval.
6. Should my application be approved by the Authority, I undertake to comply with all relevant provisions of the Insurance Order, 2006, Takaful Order, 2008 and Regulations and Rules issued by the Authority.
7. I undertake to inform the Authority and the licensee of any changes material to the application which arise while the Authority is considering this Form. I further undertake that, in the event that the Key Responsible Person/Key Person in Control Function status being sought is granted, I will notify the Authority and the licensee of any material changes to or affecting the completeness or accuracy of, the information provided in this Form as soon as possible, but in any event no later than 21 days from the day that the changes come to my attention.

Name of applicant (please print name)

Signature of applicant
(Please use blue ink)

Date

Note: The use of the term “applicant” throughout this form refers to the individual seeking the Key Responsible Person/Key Person in Control Function Status.

AUTORITI MONETARI BRUNEI DARUSSALAM

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IN INSURANCE AND TAKAFUL