



RENEWAL FORM 'A'
For Life Agents

Serial No.

I	C			
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اوتوريتي مونيتاري بروني دارالسلام
AUTORITI MONETARI BRUNEI DARUSSALAM

**APPLICATION FOR RENEWAL AS LIFE INSURANCE AGENT
OR FAMILY TAKAFUL AGENT
UNDER INSURANCE ORDER, 2006 (SECTION 48) AND TAKAFUL ORDER, 2008 (SECTION 49)**

All sections are to be completed accurately and legibly.
(This "Form A" is applicable where there is **NO CHANGE** to the information provided in the registration application form.)

Submit to:
Managing Director
(Attn: Head of Takaful/Insurance, Regulatory and Supervision Department)
Autoriti Monetari Brunei Darussalam
Level 7, Ministry of Finance Building
Commonwealth Drive, BB3910
Brunei Darussalam

Please tick (/) the appropriate boxes:

1. Application is hereby made for:

Life Insurance:

- AIA Company Ltd
 The Great Eastern Life Assurance Co Ltd
 Tokio Marine Life Insurance Singapore Ltd

Family Takaful:

- Insurans Islam TAIB Family Takaful Sdn Bhd
 Takaful Brunei Keluarga Sdn Bhd

2. As:

- an individual agent
 a corporate agent

3. Name of individual agent/corporate agent _____

4. Contact No. _____

Other information

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

If yes, provide details below:

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6. 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:

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7. Does the applicant meet the fit and proper requirements as provided in the Yes
"Guidelines on Fit and Proper Criteria for Key Responsible Persons and Key No
Persons in Control Functions in Insurance and Takaful" issued by AMBD?

If no, provide details below and on a separate sheet of paper, if necessary,
together with supporting documentation:

8. Is the applicant also represented general insurance/takaful companies? Yes
 No

If yes, provide the name of companies below:

9. Do you have any principal activities other than insurance agent/takaful agent? Yes
If yes, please provide the details. No

DOCUMENTS REQUIRED

10. Please tick to confirm the inclusion of the following documents, as applicable.

a) For Individual Agent:

- Original copy of clearance letter endorsed by Brunei Insurance and Takaful Association
 Annex 1 – AMBD Payment Form

b) For Corporate Agent:

- Original copy of clearance letter endorsed by Brunei Insurance and Takaful Association
 Annex 1 – AMBD Payment Form

If copy has not been provided to AMBD:

- Copy of the Certificate of Registration and Business Extracts from Registrar of Companies
and Business Names

DECLARATION

I, _____ (Name of Individual Agent / Corporate Agent*) of I.C.
Number _____ declare that to the best of my knowledge and belief all the information given in
this application is true and correct.

Signature _____

Position _____

Date _____

ANNEX 1
LIFE 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	Please tick	Registration fee amount BND	Please tick	Annual fee amount BND	Please tick	Penalty fee amount BND	Total fees to be paid
Annual fee [Individual] [for one operating license]		300		200		400	
Annual fee [Corporate] [for one operating license]		2,000		1,000		2,000	

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) :

*Delete where applicable

<p>Counter services hour: <i>(for cash & cheque)</i></p> <p>Monday to Thursday 8.00 am – 11.30 am 1.45 pm – 3.00 pm</p> <p>Friday 8.30 am – 11.00 am</p> <p>Saturday CLOSED</p>

FOR AMBD USE ONLY

Agent Serial No.:

I	C				
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Received on:

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Renewal of License Serial No.

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Proposed by:

RECOMMENDATION

Recommended by Manager
(Takaful and Insurance)

Signature / Date

APPROVAL

Approval from Head of Takaful/Insurance
(Regulatory & Supervision Department)

Signature / Date

ANNUAL FEES

Annual Fees:

Under Insurance Order, 2006

OR

Under Takaful Order, 2008

Full Payment (BND200 – Individual)

Full Payment (BND1,000 – Corporate)

Validity:

.....
dd/mm/yyyy

until

.....
dd/mm/yyyy