

Serial No.

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اوتوريتي مونيتاري بروني دارالسلام
AUTORITI MONETARI BRUNEI DARUSSALAM

FORM B APPLICATION FOR LIFE INSURANCE AGENT UNDER INSURANCE ORDER, 2006 (SECTION 48) OR FAMILY 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.
Managing Director (Attn: Head of Takaful/Insurance, Regulatory & Supervision Department) Autoriti Monetari Brunei Darussalam Level 14, Ministry of Finance 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:

- Life Insurance
 Family Takaful

2. As:

- Individual Agent
 Corporate Agent

3. Changes to particular is made to the following period:

- During Renewal
 After Renewal

4. Please tick (/) the appropriate box(es) according to the changes:

- | | |
|--|--|
| <input type="checkbox"/> Change in business name | <input type="checkbox"/> Change of employee (full-time/part-time)* |
| <input type="checkbox"/> Change in registered office address | <input type="checkbox"/> (new/deletion) |
| <input type="checkbox"/> Change of principal (new/deletion)* | <input type="checkbox"/> Open a branch / counter* |
| <input type="checkbox"/> Change in corporate nominee (new/deletion)* | <input type="checkbox"/> Close a branch / counter* |
| <input type="checkbox"/> Change in shareholder/director/principal officer* (new/deletion)* | <input type="checkbox"/> Change in home address |
| | <input type="checkbox"/> Update of qualification |

5. Name of Individual/Corporate Agent _____

6. Contact No. _____

CHANGES IN PARTICULARS													
7. Change in business name													
8. Change in registered office address (state the effective date of changes)													
	New office contact no:												
9. Change in home address (state the effective date of changes)													
	New home contact no:												
10. New branch/counter* registered office address (state the effective date of changes) [For Corporate Agent]													
11. Close branch/counter address (state the effective date of changes) [For Corporate Agent]													
12. Change of principal represented	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"><input type="checkbox"/></td> <td>AIA Co Ltd</td> </tr> <tr> <td><input type="checkbox"/></td> <td>The Great Eastern Life Assurance Co Ltd</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Tokio Marine Life Insurance Singapore Ltd</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Insurans Islam TAIB Family Takaful Sdn Bhd</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Takaful Brunei Keluarga Sdn Bhd</td> </tr> </table> <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-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Life Insurance:</p> <input type="checkbox"/> Term Insurance <input type="checkbox"/> Whole Life <input type="checkbox"/> Endowment <input type="checkbox"/> Medical & Health <input type="checkbox"/> Investment Unit-Linked <input type="checkbox"/> Others – <i>specify below:</i> _____ </td> <td style="width: 50%; vertical-align: top;"> <p>Family Takaful:</p> <input type="checkbox"/> Term Insurance <input type="checkbox"/> Whole Life <input type="checkbox"/> Endowment <input type="checkbox"/> Medical & Health <input type="checkbox"/> Investment Unit-Linked <input type="checkbox"/> Others – <i>specify below:</i> _____ </td> </tr> </table>	<input type="checkbox"/>	AIA Co Ltd	<input type="checkbox"/>	The Great Eastern Life Assurance Co Ltd	<input type="checkbox"/>	Tokio Marine Life Insurance Singapore Ltd	<input type="checkbox"/>	Insurans Islam TAIB Family Takaful Sdn Bhd	<input type="checkbox"/>	Takaful Brunei Keluarga Sdn Bhd	<p>Life Insurance:</p> <input type="checkbox"/> Term Insurance <input type="checkbox"/> Whole Life <input type="checkbox"/> Endowment <input type="checkbox"/> Medical & Health <input type="checkbox"/> Investment Unit-Linked <input type="checkbox"/> Others – <i>specify below:</i> _____	<p>Family Takaful:</p> <input type="checkbox"/> Term Insurance <input type="checkbox"/> Whole Life <input type="checkbox"/> Endowment <input type="checkbox"/> Medical & Health <input type="checkbox"/> Investment Unit-Linked <input type="checkbox"/> Others – <i>specify below:</i> _____
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13. Change in shareholder / director / principal officer* (new/deletion)*	<i>Please fill in the details in the supplementary sheet under 'Part A'.</i>												
14. Change in corporate nominee(s) (new/deletion)*	<i>Please fill in the details in the supplementary sheet under 'Part B'.</i>												
15. 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

16. Has the applicant ever had a previous insurance agent or takaful agent registration cancelled? Yes
 If yes, provide details below: No
17. 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
18. Is the applicant also represented general insurance/takaful companies? Yes
 If yes, provide the name of company below: No
19. Do you have any principal activities other than insurance agent/takaful agent? If yes, please provide the details.
20. 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 AMBD? Yes
 If no, provide details below and on a separate sheet of paper, if necessary, together with supporting documentation: No

DOCUMENTS REQUIRED (Mandatory to fill in)*

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

a) For Individual Agent

- Original copy of clearance letter endorsed by BITA
 Copy of Identity Card / Passport - **for new appointed employee(s)**

b) For Corporate Agent

- Original copy of clearance letter endorsed by BITA
- 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 AMBD Fit and Proper Checklist Form

If copy has not been provided to AMBD:

- Copy of the Certificate of Registration and Business Extracts from ROCBN

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

Date

FOR AMBD USE ONLY

Serial No.

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Received on:

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Receipt No.

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Issued by: _____

Verified by: _____

ANNEX 1
LIFE INSURANCE / FAMILY 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]	300		200		400		
Annual fee [Corporate]	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) :

<p>Counter services hour: (for cash & cheque)</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>
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*Delete where applicable