



اوتوريتي مونيتاري بروني دارالسلام
AUTORITI MONETARI BRUNEI DARUSSALAM

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

All sections to be completed accurately and legibly.

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

- 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.
- An agent can only represent one principal. This principal must be insurance company registered under the Insurance Order, 2006 or Takaful operator registered under the Takaful Order, 2008.***

PARTICULARS OF APPLICATION

A – Particulars of the Corporate Agent

Proposed business name				
Registered office address				
Telephone No.		Facsimile No.		Email address
Authorised share capital (in BND)		Paid-up share capital (in BND)		

B - Particulars of Registration

2. Name of Life Insurance / Family Takaful represented:

- 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

3. 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).

- Life Insurance:**
- Term Insurance
- Whole Life
- Endowment
- Medical & Health
- Investment (Unit)-Linked
- Others - *specify below:*

- Family Takaful:**
- Term Takaful
- Whole Life
- Endowment
- Medical & Health
- Investment (Unit)-Linked
- Others- *specify below:*

C - Particulars of Directors, Shareholders and Principal Officer (as applicant on behalf of the company)

4. Information of shareholder / director / principal officer* (***please provide the details of each shareholder, director and principal officer in a separate sheet***)

Name			Position	Shareholder / Director / Principal Officer*	
I.C. Number		Colour		Gender	M / F
Date of birth		Nationality		Mobile No.	
Residential address					
Telephone No.		Email address			
Is the shareholder / director / principal officer* an undischarged bankrupt or a person in respect of whom a bankruptcy proceeding is pending in Court?					<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Shareholding structure (as at date of application)

Name of shareholders	No. of shares	Amount in BND	% of shareholding

FOR CORPORATE AGENT (LIFE)

6. Information on corporate shareholder (if applicable):

Name of shareholders	Place of incorporation (if applicable)	Nature of business of employer	No. of shares held	% of shares held

7. Academic and professional qualification attained by shareholder / director*:

Name of Institute/ Professional Body and location	Country	Qualification	Year Obtained

8. Current and employment history during the past 10 years for shareholder / director*:

Name and address of employer (if self-employed, state so)	Nature of business of employer	Designation and department	Period (mm/yy)	
			From	To

9. Directorship held by shareholder / director:

Name of company and place of corporation	Nature of business of employer	Directorship (executive / non-executive)	Date of appointment	% shareholding in company

FOR CORPORATE AGENT (LIFE)

D - Information on Corporate Nominees

Name	I.C. No. (Colour) / Passport No.	Position	Date of appointment	Academic and Professional Qualifications

E - Information on Employees (details of each employee)

Name	I.C. No. (Colour) / Passport No.	Position	Date of appointment	Academic and Professional Qualifications	Roles and Responsibilities

F - Other Information

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

11. 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:

12. Is the applicant also represented general insurance/takaful companies? Yes
 No
If yes, provide the name of company(ies) below:

13. Do you have any principal activities other than insurance agent/takaful agent? If yes, please provide the details.

DOCUMENTS REQUIRED

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

- | | |
|--|--|
| | Copy of Identity Card / Passport for Shareholder(s), Director(s), Corporate Nominee(s) and Employee(s) |
| | Copy of Certificate of Registration & Business Extracts from Registrar of Companies and Business Names |
| | Copy of the Memorandum of Association and Articles of Association |
| | Copy of Form X |
| | Copies of qualifications mentioned in the application form |
| | Original Copy of Clearance Letter endorsed by Brunei Insurance and Takaful Association |
| | Original copy of AMBD Fit and Proper Checklist Form – by the shareholder(s) / director(s) |
| | Original copy of AMBD Fit and Proper Checklist Form - by the corporate nominee(s) |

DECLARATION

I, _____ (Name of applicant) 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 _____

(FOR AMBD USE ONLY)

Serial No:

C			
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Received On

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Receipt No.

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Issued by: _____

Verified by: _____