



اوتوريتي مونيتاري بروني دارالسلام  
 AUTORITI MONETARI BRUNEI DARUSSALAM

**APPLICATION FOR REGISTRATION AS LIFE INSURANCE AGENT  
 UNDER INSURANCE ORDER, 2006 (SECTION 48) OR 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 Individual Agent

<b>Name of applicant</b>					
<b>I.C. Number</b>		<b>Colour</b>		<b>Gender</b>	M / F
<b>Date of birth</b>		<b>Nationality</b>		<b>Mobile No.</b>	
<b>Registered office address</b>				<b>Home address</b>	
<b>Telephone No.</b>		<b>Facsimile No.</b>		<b>Email address</b>	

2. Academic and professional qualification attained by individual agent:

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

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

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

**B - Particulars of Registration**

4. 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

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).

**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 - 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

D – Other Information

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

If yes, provide details below:

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  No

If yes, provide details below:

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

9. If answer to question 8 is “**yes**”, then, 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 principal activities other than insurance agent/takaful agent?  Yes  No  
If yes, please provide the details.

**DOCUMENTS REQUIRED**

11. Please tick to confirm the inclusion of the following documents, as 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 AMBD Fit and Proper Checklist Form

**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:**

**Received On**

**Receipt No.**

**Issued by:**

**Verified by:**