



## LIFE INSURANCE / FAMILY TAKAFUL AGENT RENEWAL FORM

DOCUMENTS ENCLOSED WITH THIS APPLICATION:  
(Please (v) tick appropriate boxes)

- 2 pieces of passport-size photo (for each corporate nominee)
  - Copy of IC (for each corporate nominee)
  - Copy of Valid Employment Pass (Corporate Nominee of Foreign National)
  - Copy of Form X
  - AMBD Renewal Form
  - AMBD Renewal Fees (Cheque No. Click or tap here to enter text.)
- (Annual Fee: BND\$150.00 | First three (3) Nominee: free | Additional Nominee: BND\$75.00 & Processing Fee: BND\$25.00)

### BITA SECRETARIAT'S USE ONLY

Date received:

Signed:

Accept

Reject

BITA Registration No:

Approved by: Click or tap here to enter text.

Name: Click or tap here to enter text.

Designation: Click or tap here to enter text.

## Business Information *(to be completed by Corporate Agent)*

Note: **Incomplete Applications will not be considered.** Please answer every question below in full, if any of these questions do not apply to you, please write "NA". All information given in this application will be treated as **strictly confidential**.

<b>BITA Reg No.</b>		<b>AMBD Reg No.</b>	
<b>Business Name</b>			
<b>Business Address</b>		<b>Postal Code</b>	
<b>Contact Person Name</b>		<b>Contact Person Designation</b>	
<b>Office No.</b>		<b>Mobile No.</b>	
<b>Fax No.</b>		<b>Email</b>	
<b>Principle Represented:</b>	<input type="checkbox"/> AIA Company Ltd <input type="checkbox"/> Great Eastern Life Assurance Company Ltd. <input type="checkbox"/> Insurans Islam TAIB Family Takaful <input type="checkbox"/> Takaful Brunei Keluarga Sdn Bhd <input type="checkbox"/> Tokio Marine Life Singapore		

## Declaration *(to be completed by Corporate Agent)*

1. Representation to BITA (Principal Insurer / Takaful Operator)	Yes	No
Have you:		
a) entered into an agency agreement over the last 12 months with any member of BITA other than the ones indicated above?	<input type="checkbox"/>	<input type="checkbox"/>
b) ever been terminated by any member of BITA?	<input type="checkbox"/>	<input type="checkbox"/>
c) immediate family members who are a director, or member of management, or hold shares in any member of BITA?	<input type="checkbox"/>	<input type="checkbox"/>

2. Financial Soundness	Yes	No
Have you:		
a) Been unable to fulfil any of your financial obligations, whether in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
b) Been an undischarged bankrupt or a person in respect of whom a bankruptcy proceeding is pending in Court, whether in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
c) immediate family members who are a director, or member of management, or hold shares in any member of BITA?	<input type="checkbox"/>	<input type="checkbox"/>

3. Honesty, Integrity & Reputation	Yes	No
Have you:		
a) Carried on business in any jurisdiction under any name other than the name stated in this application?	<input type="checkbox"/>	<input type="checkbox"/>
b) Been refused the right or restricted in your right to carry on any trade, business or profession for which a specific license, registration or other authorisation is required by law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
c) Been the subject of any investigation or disciplinary proceedings or been issued a warning by any regulatory authority, professional body, member of BITA, whether in Brunei Darussalam or elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>



d) <i>Been convicted of any offence, served any term of imprisonment or is being subject to any pending proceedings which may lead to a conviction of any offence, under any law in any jurisdiction?</i>	<input type="checkbox"/>	<input type="checkbox"/>
e) <i>Had any judgement (including the finding of fraud, misrepresentation or dishonesty) given against you in any civil proceedings in Brunei Darussalam or elsewhere, or been a party to any pending proceedings that may lead to such a judgement?</i>	<input type="checkbox"/>	<input type="checkbox"/>
f) <i>Been the subject of any complaint made reasonably and in good faith, relating to activities that are regulated by the authority AMBD or elsewhere?</i>	<input type="checkbox"/>	<input type="checkbox"/>
g) <i>Been dismissed or asked to resign from office, employment, a position of trust or a fiduciary appointment or similar position, whether in Brunei Darussalam or elsewhere?</i>	<input type="checkbox"/>	<input type="checkbox"/>
h) <i>Been disqualified from acting as a director or disqualified from acting any managerial capacity whether in Brunei Darussalam or elsewhere?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>If you answered "Yes" to any of the above, please provide details below:</i>            Click or tap here to enter text.</p>		

<b>4. Other Interest</b>	<b>Yes</b>	<b>No</b>
a) <i>Are you involved in or do you have any interest in any other business or commercial business?</i>	<input type="checkbox"/>	<input type="checkbox"/>
b) <i>Are you an employee or a director or any person engaged in or contracted for the operations of, or a shareholder of or have any interest in any company, firm or business enterprises which is in the business of general insurance or general takaful?</i>	<input type="checkbox"/>	<input type="checkbox"/>
c) <i>Are you an employee?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>If you answered "Yes" to any of the above, please provide details below:</i>            Click or tap here to enter text.</p>		



## Corporate Nominee (to be completed by All Corporate Nominee)

Nominee ( ) i.e 01:

Full Name (as per I.C)		Preferred Name (if any)	
I.C No.		IC Colour	
Nationality		Date of Birth	
Occupation		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Business Address		Residential Address	
Office No.		Home No.	
Fax No. (if any)		Mobile No.	
E-mail		Website (if any)	

Nominee ( ):

Full Name (as per I.C)		Preferred Name (if any)	Click or tap here to enter text.
I.C No.		IC Colour	Click or tap here to enter text.
Nationality		Date of Birth	Click or tap here to enter a date.
Occupation		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Business Address		Residential Address	Click or tap here to enter text.
Office No.		Home No.	Click or tap here to enter text.
Fax No. (if any)		Mobile No.	Click or tap here to enter text.
E-mail		Website (if any)	Click or tap here to enter text.

Nominee ( ):

Full Name (as per I.C)		Preferred Name (if any)	
I.C No.		IC Colour	
Nationality		Date of Birth	
Occupation		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Business Address		Residential Address	
Office No.		Home No.	
Fax No. (if any)		Mobile No.	
E-mail		Website (if any)	



## Declaration by Corporate Nominee (to be completed by corporate nominee)

I have consented to be authorised corporate nominee of the above-named company/firm with effect from the undersigned date. I shall be bound by all acts undertaken by the above-named Company/Firm and that all provisions and regulations of the Life Insurance & Family Takaful Agents registration Handbook of BITA shall also apply to me as the authorised corporate nominee.

I further declare that:

The information shown in this form and any attached documents are correct and complete.

I shall not enter into any agreement or arrangement whatsoever for the appointment or engagement of any sub – agent.

I shall immediately notify in writing; BITA and the member of BITA for whom I represent as my Principal in the event that any fact, event or matter arises or occurs after the making of this Declaration which renders any of the declaration contained herein untrue or incorrect.

### **Nominee 1:**

Signature : \_\_\_\_\_

Name of Signatory : \_\_\_\_\_

Date : \_\_\_\_\_

### **Nominee 2:**

Signature : \_\_\_\_\_

Name of Signatory : \_\_\_\_\_

Date : \_\_\_\_\_

### **Nominee 3:**

Signature : \_\_\_\_\_

Name of Signatory : \_\_\_\_\_

Date : \_\_\_\_\_

## Acknowledgement & Authorisation (to be completed by the Corporate Agent)

I further declare that:

The information shown in this form and any attached documents are correct and complete.

I shall notify my Principal in writing whenever:

There is any change in the name or address or particulars as registered; or

I cease to represent my Principal.

I shall not enter into any agreement or arrangement whatsoever for the appointment or engagement of any sub-agent.

I shall immediately notify in writing, BITA and the member of BITA for whom I represent as my Principal in the event that any fact, event or matter arises or occurs after the making of this Declaration which renders any of the declarations contained herein untrue or incorrect.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant



## Certification & Endorsement by Principal(s)

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I/We hereby certify that	Yes	No
This application is complete and the information given herein in respect of our interests have been verified by authorized personnel of the company and found to be true and correct	<input type="checkbox"/>	<input type="checkbox"/>
The above agent has met all the minimum requirement, fit and proper criteria set out in Life Insurance / Family Takaful Agent Registration Handbook.	<input type="checkbox"/>	<input type="checkbox"/>
I/We confirm our request to renew the above agency for the period of one (1) year and to issue the certificate of registration accordingly?	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature & Company Stamp

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Principal