**BITA SECRETARIAT’S USE ONLY**

*Date received: DD/MM/YYYY*

*Signed:*

Accept  Reject

BITA Registration No:

*Approved by: Click here to enter text.*

*Name: Click here to enter text.*

*Designation: Click here to enter text.*

**LIFE INSURANCE / FAMILY TAKAFUL AGENT**

**REGISTRATION FORM**

*CHECKLIST*

*Kindly submit the following documents & relevant registration fees:*

(Please **☒** tick appropriate boxes)

2 recent passport-size colour photograph;

A copy of Brunei identity card (IC);

A copy of QEFITA / Insurance Qualification;

A copy of Highest Academic Qualification;

Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Registration Fee: B$75.00 and Processing Fee: B$25.00)*

**Personal Information** *(To be completed by the applicant)*

*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.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name**  *(as per I.C.)* |  | **Preferred Name**  *(if any)* |  |
| **I.C. No.** |  | **I.C. Colour** |  |
| **Nationality** |  | **Date of Birth** |  |
| **Occupation** |  | **Gender** | *Male*  *Female* |
| **Business**  **Address** |  | **Residential**  **Address** |  |
| **Office No.** |  | **Home No.** |  |
| **Fax No.** |  | **Mobile No.** |  |
| **Email** |  | **Website** |  |
| **Insurance**  **Qualifications** |  | **Academic**  **Qualifications** |  |
|  |  |
| **Principal**  **Represented**  *(select only one)* | *AIA Company Ltd*  *Great Eastern Life Assurance Co. Ltd.*  *Insurans Islam TAIB Family Takaful*  *Takaful Brunei Keluarga Sdn Bhd*  *Tokio Marine Life Singapore* | | |

**Declaration** *(To be completed by the applicant)*

|  |  |  |
| --- | --- | --- |
| 1. **Representation to BITA (principal insurer/takaful operator)** | **Yes** | **No** |
| *Have you:*   1. *entered into an agency agreement over the last 12 months with any member of BITA other than the ones indicated above?* |  |  |
| 1. *ever been terminated by any member of BITA?* |  |  |
| 1. *immediate family members who are a director, or member of management, or hold shares in any member of BITA?* |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Financial Soundness** | **Yes** | **No** |
| *Have you:*   1. *been unable to fulfil any of your financial obligations, whether in Brunei Darussalam or elsewhere?* |  |  |
| 1. *been an undischarged bankrupt or a person in respect of whom a bankruptcy proceeding is pending in Court, whether in Brunei Darussalam or elsewhere?* |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Honesty, Integrity & Reputation** | **Yes** | **No** |
| *Have you:*   1. *carried on business in any jurisdiction under any name other than the name stated in this application?* |  |  |
| 1. *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?* |  |  |
| 1. *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?* |  |  |
| 1. *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?* |  |  |
| 1. *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?* |  |  |
| 1. *been the subject of any complaint made reasonably and in good faith, relating to activities that are regulated by the authority AMBD or elsewhere?* |  |  |
| 1. *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?* |  |  |
| 1. *been disqualified from acting as a director or disqualified from acting in any managerial capacity whether in Brunei Darussalam or elsewhere?* |  |  |
| *If you answered* ***“Yes”*** *to any of the above, please provide details below:* | | |

|  |  |  |
| --- | --- | --- |
| 1. **Other interests** | **Yes** | **No** |
| 1. *Are you involved in or do you have any interest in any other business or commercial enterprise?* |  |  |
| 1. *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 enterprise which is in the business of life insurance?* |  |  |
| 1. *Are you an employee* |  |  |
| *If you answered* ***“Yes”*** *to any of the above, please provide details below:* | | |

**Acknowledgement & Authorisation** *(To be completed by the applicant)*

*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** *(To be completed by Principal insurer/takaful operator)*

|  |  |  |
| --- | --- | --- |
| **I/We hereby certify that** | **Yes** | **No** |
| *This application is complete and the information given herein in respect if our interests have been verified by authorized personnel of the company and found to be true and correct.* |  |  |
| *The above agent has met all the minimum requirements, fit & proper criteria set out in the Life/Insurance/Family Takaful Agents Registration Handbook.* |  |  |
| *I/We confirm our request to register the above agent for the period of one (1) year and to issue the certificate of registration accordingly.* |  |  |

*Signature & Company Chop* *Date*

*Name of Principal*