**LIFE INSURANCE / FAMILY TAKAFUL**

**BITA SECRETARIAT’S USE ONLY**

*Date received:*

*Signed:*

☐ Accept ☐ Reject

BITA Registration No: *Click here to enter text.*

*Approved by: Click here to enter text.*

*Name: Click here to enter text.*

*Designation: Click here to enter text.*

**AGENT RENEWAL APPLICATION FORM**

*DOCUMENTS ENCLOSED WITH THIS APPLICATION:*

(Please (√) tick appropriate boxes)

[ ]  2 pieces of passport-size photo (recent photo)

[ ]  Copy of AMBD Certificates

[ ]  AMBD Renewal Form

[ ]  AMBD Renewal Fees (Cheque No. *Click here to enter text.*)

[ ]  BITA Renewal Fees (Cheque No. *Click here to enter text.*)

(Annual Fee: BND$75.00 & Processing Fee: BND$25.00)

**Personal Information** *(to be completed by 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***.

|  |  |  |  |
| --- | --- | --- | --- |
| **BITA Reg No.** | *Click here to enter text.* | **AMBD Reg No.** | *Click here to enter text.* |
| **Name of Agent** | *Click here to enter text.* |
| **Residential Address** | *Click here to enter text.* |
| **IC No.** | *Click here to enter text.* | **IC Colour** | [ ]  Yellow [ ]  Purple [ ]  Green |
| **Telephone No** | *Click here to enter text.* | **Gender** | [ ]  Male [ ]  Female |
| **E-mail Address** | *Click here to enter text.* | **Date of Birth** | *Select a Date* |
| **Website**  | *Click here to enter text.* | **Fax No.** | *Click here to enter text.* |
| **Principle Represented:**  | [ ]  AIA Company Ltd[ ]  Great Eastern Life Assurance Company Ltd. [ ]  Insurans Islam TAIB Family Takaful [ ]  Takaful Brunei Keluarga Sdn Bhd[ ]  Tokio Marine Life Singapore |

**Declaration** *(to be completed by applicant)*

|  |  |  |
| --- | --- | --- |
| 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 and 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, misinterpretation 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:**Click here to enter text.* |

|  |  |  |
| --- | --- | --- |
| 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 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 General Insurance or General Takaful?
 | [ ]  | [ ]  |
| *If you answered “****Yes****” to any of the above, please provide details below:**Click here to enter text.* |

**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.

I shall bound by and shall perform and observe all the obligations which are to be performed and observed by an Insurance & Takaful Agent under BITA’s Life Agent Registration Handbook.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Click or tap to enter a date. |  |
| Signature of Applicant |  | Date |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Click or tap here to enter text. |  |  |  |
| 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 of 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 requirement, fit and proper criteria set out in Life Insurance / Family Takaful Agent Registration Handbook.  | [ ]  | [ ]  |
| 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? | [ ]  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Click or tap to enter a date. |  |
| Signature & Company Stamp |  | Date (*DD/MM/YYYY*) |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Click or tap here to enter text. |  |  |  |
| Name of Principal  |  |  |  |