



New Principal Representation

Form A

A. To be completed by Applicant / Agent

Name of Agent/Agency: _____

NRIC / Business Reg No.: _____ GIAS Agent No.: _____

Email address: _____

Name of Principals Currently Representing:

1) Primary Principal: _____ ()

2) Secondary Principal: _____ ()

3) Secondary Principal: _____ ()

If you are currently representing 3 principals and intend to replace / terminate one of the above principals, please indicate with a "T" in the brackets provided above and attach together with your letter of termination. Please address the letter to the principal (replace / terminate) with a copy to GIA.

Cheque Details (for payment of agent fees to Principal)

Cash payment

Bank name: _____ Cheque Date: _____

Cheque No.: _____ Amount: _____

B. Approval of New Principal

- We agree to be the Primary Principal of the applicant
- We agree to be the Secondary Principal of the applicant

On the basis of due and diligent enquiry made on the background of the applicant named in this Form, and other information available, I believe the applicant to be fit and proper to perform the functions and duties of an agent. I confirm the above request and will await the approval of the above application.

Name of Insurance Company: _____

Name and Position of Approving Officer*: _____

Signature of Approving Officer*

Date

***Note: Approving Officer must meet the requirements of Regulation 1.5.2 of Appendix B1 of GIARR.**



C. Agent Account (please tick one only)

- Cash Agent Credit Agent

For **Credit Agent**, kindly provide the following details:

Name of Bank: _____

Bank Branch: _____

Type of Agent (please tick one only):

- General Agent General & Life Agent Trade Specific Agent
(Please complete Type of Trade)

Type of Trade (please tick one only):

- Freight Forwarders Maid Agencies Motor Dealers
 Travel Agents Handphone Dealers Electrical Protection
 Maid Agencies + Foreign Worker Agencies Foreign Worker Agencies Card Protection Insurance

D. Confirmation of Request

_____ hereby confirmed that I/we seek to
{Name of Applicant/Agent}

represent _____ as one of my / our principals
{Name of Insurance Company}

and that the information declared in my / our earlier applications is the same for this new principal.

I / we hereby authorise the Registrar to release details of my / our application with my / our current principal/s to my / our new principal.

Signature of Applicant / Agent

Date

Note: The GIA will not be responsible for any misuse of the information by the parties concerned.



E. To be completed by Nominee Agent

If you would like to be registered and appointed as a Nominee Agent of the agent, please provide us with the following information: (Please attach additional copies of this page- Form A Pg 3, if there is more than 1 Nominee Agent).

PARTICULARS

Name: _____

NRIC/Passport No.: _____ Citizenship: _____

Date of Birth: _____ Gender: Male Female

Residential Address: _____
 _____ (S) _____

OTHER DETAILS

Academic Qualification:

- 'O' level Tertiary Bachelor 'A' level
 University Others _____

Professional Qualification:

- CGI BCP PGI COMGI
 CGI Exempted Under Grandfathers' Clause Others _____

Current Position: _____ Part-time Full-time

Total Years of Experience: _____ Percentage of Revenue/Salary: _____ %

DETAILS OF EXPERIENCE

	Name of insurance companies/agencies/broking firms	Position Held	Date Joined	Date Left
1				
2				
3				

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