

AGENCY APPLICATION AS A GENERAL INSURANCE AGENT CORPORATE APPLICANT

Please answer every question in full. If any of the questions does not apply to you, please indicate "NA" in the place provided. All information given in this application will be treated as **STRICTLY CONFIDENTIAL**.

SECTION I

1) Company Name			
2) Business Address			
3) Biz/Company Registration No.			
4) Tel No (office):		Fax No:	
5) Email Address:			
6) Name of Person-in-Charge or Contact Person:			
NRIC/FIN/Passport No.			
Address			
Designation:		Home No:	H/p No:
Recommend By (if any):			

SECTION II

1) Status of Agent: (Please tick)			
Sole-Proprietor	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Private Limited Company	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
Co-operative/Society	<input type="checkbox"/>	Others (please specify)	
2) If the Applicant is a Limited Company, please furnish the following:			
Authorised Capital:			
Paid-Up Capital*:			
(*An applicant which is a company registered with the Registry of Companies must have a minimum paid-up capital of S\$25,000 at the time of its application and throughout the currency of its registration)			
3) Are you a GST Registered Company? If yes, please provide us the GST Registration No. & Effective Date			

SECTION III	
1) GIA Registration Number (<i>if any</i>)	
2) Name of Primary Principal insurance Company	
i) Name of Secondary Principal	
ii) Name of Secondary Principal	
3) If you are currently representing 3 principals, which principal do you intend to cease representing if your agency application is approved?	
4) Why do you want to represent China Taiping Insurance (Singapore) Pte Ltd?	
5) Have you ever been a General Insurance Agent of China Taiping Insurance (Singapore) Pte Ltd?	Yes/No
6) Has any of your insurance Company representation(s) ever been terminated or curtailed?	Yes/No
7) Has your agent registration with the GIAS ever been suspended or terminated previously?	Yes/No
8)) Has any complaint ever been lodged against you with the GIA?	Yes/No
9) Have you and/or your nominee(s) ever been declared bankrupt?	Yes/No
If "Yes" to any of the above questions, please provide the details:	

SECTION IV			
Please state your annual gross premium for last year, year-to-date and projected volume for this year. (Please provide document to support your Annual Gross Premium figure)			
Risks	Annual Gross Premium (last year)	Annual Gross Premium (year to date)	Annual Gross Premium Projected for this year
1. Travel/Personal Accident			
2. Motor			
3. Property			
4. Casualty			
5. Marine Cargo			
6. Others (_____)			
Total			

Section V (Note: If more than two nominee agents, please photocopy this page and provide the information required)			
Details of Chief Executive Director(s) & Nominee Agents (employees/persons acting on behalf of the agency who provide technical advice on insurance matters).			
1) Name			
NRIC/FIN/Passport No.		Date of Birth	
Nationality		Marital Status	
Gender		Email Address	
Home Address:			
Postal code		Mobile No:	
Academic Qualification (Minimum 3 "O" Level Passes OR Basic Competency Examination (BCE) Certificate)		Professional Qualification (e.g. Certificate in General Insurance)	
Current Position		Health Insurance Qualification	Yes / No
Total Years of Ins Experience		Full Time/Part Time	
Type of Agent	General Agent <input type="checkbox"/> General & Life Agent <input type="checkbox"/> Trade Specific <input type="checkbox"/>		
For trade specific, please indicate type of trade	Freight Forwarder <input type="checkbox"/> Motor Dealer <input type="checkbox"/> Travel Agency <input type="checkbox"/> Maid Agency <input type="checkbox"/>		
Details of past work /business experience (e.g. Financial Advisors, GI Companies, Broking Firms, GI Agencies etc.)			
Name of Insurance Companies/agencies/broking firms		Date Joined	Date Left

2) Name			
NRIC/FIN/Passport No		Date of Birth	
Nationality		Marital Status	
Gender		Email Address	
Home Address:			
Postal code		Mobile No:	
Academic Qualification (Minimum 3 "O" Level Passes OR Basic Competency Examination (BCE) Certificate)		Professional Qualification (eg. Certificate in General Insurance)	
Current Position		Health Insurance Qualification	Yes / No
Total Years of Ins Experience		Full Time/Part Time	
Type of Agent	General Agent <input type="checkbox"/> General & Life Agent <input type="checkbox"/> Trade Specific <input type="checkbox"/>		
For trade specific, please indicate type of trade	Freight Forwarder <input type="checkbox"/> Motor Dealer <input type="checkbox"/> Travel Agency <input type="checkbox"/> Maid Agency <input type="checkbox"/>		
Details of past work /business experience (e.g. Financial Advisors, GI Companies, Broking Firms, GI Agencies etc.)			
Name of Insurance Companies/agencies/broking firms		Date Joined	Date Left

SECTION VI CONSENT FOR USE OF PERSONAL DATA

I understand, acknowledge, agree and consent that :

- (a) China Taiping Insurance (Singapore) Pte Ltd and the General Insurance Association of Singapore (“**GIA**”) and the Agents’ Registration Board (“**ARB**”) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by China Taiping Insurance (Singapore) Pte Ltd (collectively the “**Personal Information**”) and disclose and transfer such Personal Information to the Monetary Authority of Singapore and any other insurer or company operating insurance business in Singapore, for the purpose(s) of :
- (i) processing my application to be an agent with China Taiping Insurance (Singapore) Pte Ltd;
 - (ii) managing, facilitating and/or administering my relationship with China Taiping Insurance (Singapore) Pte Ltd such as but not limited to managing or dealing with my commissions, fees, benefits, if any, terminating my relationship, disciplinary investigation and/or disciplinary action arising from my action(s) or omission(s);
 - (iii) managing and/or administering activities carried out by me pursuant to my obligations under my agreement with the China Taiping Insurance (Singapore) Pte Ltd or in my performance of my obligations in my agreement with the China Taiping Insurance (Singapore) Pte Ltd;
 - (iv) analyzing, administering and/or managing my transactions and performance targets;
 - (v) marketing my services as an insurance agent, to the public or to any third party;
 - (vi) showcasing or marketing my achievements in relation to my insurance transactions such as but not limited to publication of my image and personal data on public media platforms such as the newspaper, the Internet, the China Taiping Insurance (Singapore) Pte Ltd in-house notice boards, at marketing exhibitions, the radio etc;
 - (vii) considering, proposing, facilitating or sending me for any training that China Taiping Insurance (Singapore) Pte Ltd or GIA, as the case may be, determines is suitable for me;
 - (viii) disclosure of my personal data to the Inland Revenue Authority of Singapore to facilitate or administer tax related requirements, claims, deductions or matters;
 - (ix) disclosure of my personal data to a credit monitoring bureau on a monthly basis (or whenever necessary) to check on issuance of any bankruptcy petition or order against me;
 - (x) carrying out due diligence or other screening activities (such as background checks) in accordance with legal or regulatory requirements or risk management procedures required by the Monetary Authority of Singapore or that have been put in place by China Taiping Insurance (Singapore) Pte Ltd or GIA;
 - (xi) dealing in any matters relating to, arising from or connected with my relationship with China Taiping Insurance (Singapore) Pte Ltd (including but not limited to the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), contacting me on matters related to or connected to my relationship with China Taiping Insurance (Singapore) Pte Ltd); and
 - (xii) complying with applicable law in administering and managing my relationship with China Taiping Insurance (Singapore) Pte Ltd
- (collectively the “**Purposes**”)
- (b) Any other insurer or company operating insurance business in Singapore (collectively “**Other Insurers**”) may/can collect, may use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by China Taiping Insurance (Singapore) Pte Ltd, any of the Other Insurers, GIA, and/or ARB to their third-party service providers or agents, which may be sited outside of Singapore, for one or more of the above Purposes.

SECTION VII

I hereby declare that the information and statement given in this application form are true and correct and agree that they shall be the basis of the Agency Contract between the Company and myself.

Signature of Applicant with Co stamp
 Name and Designation:
 Date:

FOR OFFICE USE ONLY	
Interviewed by:	Date of interview:
Remarks	
Recommendation: Accept / Reject	Finance Terms
Approved by HOD	Approved by MIC

Document Required For Submission To GIAS

Documents should be accompanied by the following (where applicable):

- A: Duly signed and completed:
- GIA Form A
 - Declaration Form (GIA Form C)
- B: **Copies of**
- Updated ROB/RCB Listing (not more than 2 weeks from the date of agency application)
 - Director's and Nominee(s) NRIC/Passport
 - Nominee Agent Recent Passport-sized color photograph (**soft copy only**) in JPEG format, no more than 150kb and no more than 400 x 514 pixels. (**submit to Primary Principal only**)
 - **Nominee(s):**
 - (i) Academic qualifications – Min 3 GCE "O" level
 - (ii) Professional qualifications – CGI; or BCP & PGI & COMGI – HI (if any)
- C: A payment of **\$196.20** including GST (up to 3 nominee agents) to "China Taiping Insurance (Singapore) Pte Ltd" as registration fee to GIA for successful applications.