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| ADDITIONAL NOMINEE AGENT Primary Principal  (Please tick One Only)        FORM B  Page 1 of 2 APPLICATION FORM TO BE COMPLETED BY NOMINEE AGENT  Name of Agent/Agency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NRIC No/Business Reg No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GIAS Agent No.: \_\_\_\_\_\_\_\_\_\_\_\_  Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Principals Currently Representing :   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Cheque Details  Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cheque No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cheque Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount : \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_  *{to be signed by the agent}*  *(To be signed by the Chief Executive of the new principal representation)*  I confirm the above request and will await the approval of the above application.  Name of Insurance Company : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Chief Executive : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For GIA Use Date Vetted: \_\_\_\_\_\_\_\_\_  Signature of Chief Executive : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_  **Note: The GIA will not be responsible for any misuse of the information by the parties concerned.** |
| FORM B  Page 2 of 2  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 the following information: -  **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  PGI  COMGI  PGI & COMGI  CGI Exempted Under Grandfathers’ Clause  Others\_\_\_\_\_\_\_\_\_\_\_\_    Current Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Years of Experience : \_\_\_\_\_\_\_\_\_\_  Percentage of Revenue/Salary : \_\_\_\_\_\_\_ % Part-time  Full-time  Type of Agent (Please Tick One Only)  General Agent  General & Life Agent  Trade Specific  - (If you tick this, please complete  Type of Trade)  **Type of Trade (**Please Tick One Only)(Applicable for Trade Specific Agent only)  Freight Forwarder  Motor Dealer  Travel Agency  Maid Agency  DETAILS OF EXPERIENCE   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of insurance companies/agencies/broking firms | | Position Held | Date Joined | Date Left | | 1 |  |  |  |  | | 2 |  |  |  |  | | 3 |  |  |  |  |   **Note: The GIA will not be responsible for any misuse of the information by the parties concerned.** |