

## AGENCY APPLICATION (ADDITIONAL NOMINEE)

To: Chartis Singapore Insurance Pte Ltd  
 Agency & Broker Channel Management  
 CHARTIS Building  
 78 Shenton Way, #07-16. Singapore 079120

Date: \_\_\_\_\_

From: Surname : \_\_\_\_\_ Given Name : \_\_\_\_\_  
 Christian Name (if any): \_\_\_\_\_  
 Corporate Agency Name (if applicable): \_\_\_\_\_

**Checklist:**

Kindly submit the following documents & relevant registration fee:

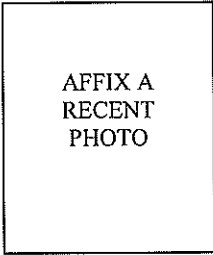
- ⇒ Agency Application (Additional Nominee) Form, duly completed
- ⇒ GIAS Registration Fee\* (cheque payable to **Chartis Singapore Insurance Pte Ltd**) & Forms:

	Registration For Additional Nominee (after approval of the agent/agency registration)	Amount
1	3 or less nominees	<input type="checkbox"/> Individual Agent - S\$21.40 each <input type="checkbox"/> Corporate Agency – S\$21.40 each <input type="checkbox"/> Trade Specific Agent – S\$21.40 each
2	More than 3 nominees	<input type="checkbox"/> Individual Agent - S\$53.50 each <input type="checkbox"/> Corporate Agency – S\$53.50 each <input type="checkbox"/> Trade Specific Agent – S\$32.10 each

\* Registration fee is applicable only if Chartis Singapore Insurance Pte Ltd is your Primary Principal.

Cheque No \_\_\_\_\_ (Payable to: **Chartis Singapore Insurance Pte Ltd**)

- ⇒ A photocopy of the following result slips :-
  - CGI (old syllabus); or
  - BCP & PGI & ComGI (new syllabus);
  - HI (if any)
  - GCE "O" level with min 3 credit passes or its equivalent or the highest educational certificate
- ⇒ 1 recent passport-size color photograph



## APPLICATION FOR NOMINEE AGENT

**Important Note:** 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**.

(1) PERSONAL PARTICULARS			
Full Name as per NRIC/Passport (Please <u>underline</u> surname):		Christian Name (if any)	
Residential address :			
Telephone (Office)	Telephone (Residence)	Telephone (Mobile)	Fax
E-Mail Address			
NRIC Number  ( Pink / Blue )	Date of Birth (DD/MM/YY)	Place of Birth	Nationality
Gender  Male / Female	Marital Status	Next of Kin Name, Relationship & Contact Number	
GIAS Registration Number (if applicable)	Agent Type: General (Non-life) / Composite / Trade Specific (please circle) If Composite, please state Life Insurance Company:		
Agency Status  Full Time / Part Time	If Part Time, please state other occupation(s)		
Qualifications (Please submit a copy upon application) <p>(i) Highest Academic (min 3 GCE "O" level credit passes)</p> <p> <input type="checkbox"/> GCE O Levels (min 3 credits)               <input type="checkbox"/> A Levels               <input type="checkbox"/> Diploma               <input type="checkbox"/> Degree           </p> <p> <input type="checkbox"/> Others (pls specify) _____           </p> <p>Applicants without min. 3 GCE "O" level credit passes may submit the Basic Competency Examination Certificate awarded by the Singapore College of Insurance (SCI).</p> <hr/> <p>(ii) Professional</p> <p> <input type="checkbox"/> CGI               <input type="checkbox"/> BCP &amp; PGI &amp; ComGI               <input type="checkbox"/> Health Insurance               <input type="checkbox"/> Exempted from CGI under Grandfather's Clause           </p> <p> <input type="checkbox"/> Others (pls specify) _____           </p> <p>"Grandfather Agents" – Agents who only needed to attend the CGI course offered by SCI and were allowed to transact general insurance business prior to the implementation of the CGI examination.</p>			

<b>(2) EMPLOYMENT HISTORY</b>			
Name & Address of Present Employer	Nature of business	Position Held	Period (DD/MM/YY)
Name & Address of Previous Employer(s)	Nature of business	Position Held	Period (DD/MM/YY)
<b>(3) OTHER INFORMATION</b>			
(a) Previous Experience in Selling General Insurance? If yes, please provide name of insurer(s)		Yes / No	
(b) Have you ever been terminated by any insurer previously? If yes, please state insurer(s) & reason(s)		Yes / No	
(c) Have you previously represented Chartis Singapore Insurance Pte Ltd? If yes, please provide Agent Code & reason(s) for departure		Yes / No	
<b>(4) INFORMATION OF AGENT WHOM NOMINEE IS ACTING FOR</b>			
(a) Name (as in NRIC/Passport or RCB listing)		(b) CSI Code (if applicable)	
(c) GIAS Registration No.		(d) Telephone (Mobile)	
<b>(5) DECLARATION</b>			
I hereby declare that the information and statements given herein are true and correct and agree that they shall be the basis of the Agency Contract between the Company and myself.			
Signature of Applicant _____		Date _____	

## Declaration Form (Individual/Corporate)

Name of Applicant: \_\_\_\_\_

GIAS Agent No. (if applicable): \_\_\_\_\_

NRIC/Passport/Company/Business Registration No.: \_\_\_\_\_

1. I/We hereby declare as follows:

- (a) I/We have entered into an agency agreement or agreements with an Ordinary Member or Members of GIA, none of which has been terminated over the last 12 months.
- (b) I/We have not been convicted of:-
- An offence under the Insurance Act (Chapter 142) or any regulations made thereunder;
  - An offence under the Penal Code (Chapter 224);
  - An offence under any Act or regulations administered by the Monetary Authority of Singapore;
  - A criminal offence involving fraud, misrepresentation or dishonesty; or
  - An offence under any statute which is a re-enactment Act, repealing Act or a consolidation Act in respect of any of the legislations referred to above.

2. I/We are not:-

- The subject of criminal proceedings which are pending in Court;
- The subject of a prohibition order or any order made by the Monetary Authority of Singapore;
- The subject that was/is involved with a corporation which has been censured, disciplined, suspended or refused membership or registration by the regulatory authority of any business or profession; or
- The subject of any judgment (including the finding of fraud, misrepresentation or dishonesty) given against him/it in any civil proceedings in Singapore or elsewhere, or is a party to any pending proceedings that may lead to such a judgment.
- The subject of any investigation or disciplinary proceedings carried out by the Monetary Authority of Singapore or by any governmental or regulatory body acting under any Act or subsidiary legislation (hereinafter referred to as "any Regulator");
- The subject of a written warning, reprimand or censure meted out by the Monetary Authority of Singapore or any Regulator; or
- A shareholder, partner, employee or director of any business registered with the Registry of Businesses or of any company registered with the Registry of Companies in respect of which:-
  - (i) the business/company has been censured or disciplined; or
  - (ii) its business or business license has been suspended or revoked by the Monetary Authority of Singapore or any Regulator.
- The subject of any investigation or disciplinary proceedings carried out by any of my/our Principal(s)

3. I/We are in compliance with and not in breach of any of the provisions of:

- The General Insurance Agent's Registration Regulations;
- The Code of Practice for Agents; and
- The Singapore General Insurance Code of Practice

4. I (in the case of an individual agent or nominee agent) declare as follows:-

- (a) I am not:-
- The subject of a winding up order or a judicial management order; or
  - An undischarged bankrupt or a person in respect of whom a bankruptcy proceeding is pending in Court;
  - The subject of one or more outstanding judgment debts which I have been unable to satisfy within 7 days from the date of the judgment.

(b) I have not:-

- Entered into a composition or a scheme of arrangement with creditors, being a scheme of arrangement that is still in operation

5. We (in the case of an agent which is a company registered with the Registrar of Companies) declare as follows:-

(a) We are not:-

- The subject of a winding up order or a judicial management order; or
- The subject of a receiver has been appointed, whether by the Court or otherwise; or
- The subject of an application or petition for winding up, appointment of judicial manager or appointment of receiver has been filed in Court and is pending

(b) We have not:-

- Entered into a composition or a scheme of arrangement with creditors; or
- One or more outstanding judgments against us which has/have been unsatisfied within 7 days from the date of judgment

6. I have (in the case of an individual agent or nominee agent) fulfilled the minimum number of hours of Continuous Professional Development (CPD) training and such other requirements as may be determined by GIA from time to time.

7. We hereby further declare (in the case of an agent which is a company registered with the Registrar of Companies) that:

- Our minimum paid-up capital is S\$25,000.00 at the time of application and must maintain the same level of paid-up capital during the currency of our registration with the Agent's Registration Board
- All our shareholders, partners, managers, employees or directors who act on our behalf or represent us in our business of general insurance agent are also registered with the Agent's Registration Board as nominee agents and that all the declarations stated herein are true and correct in respect of our nominee agents, mutatis mutandis.

8. I/We hereby agree and undertake that I/We shall immediately notify in writing the Agent's Registration Board of GIA and the Ordinary Members of GIA for whom I/we represent as my/our Principals in the event that any fact, event or matter arises or occurs after the making of this Declaration which renders any of the declaration herein contained untrue or incorrect.

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**Execution by an Individual Applicant / Agent:**

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

**Execution by a Corporate Applicant / Agent (company registered with the Registrar of Companies):**

Signature (of Partner/Director): \_\_\_\_\_

Date : \_\_\_\_\_

Company Stamp: \_\_\_\_\_

Name & Designation of person signing for Corporate Applicant / Agent :-

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

<b>Name of Nominee as per NRIC/Passport</b> <i>Please underline surname</i>	<b>NRIC/Passport No.</b>	<b>Signature</b>	<b>Date</b>



ADDITIONAL NOMINEE AGENT

FORM B

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 :

Primary Principal  
(Please tick One Only)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Cheque Details

Bank Name : \_\_\_\_\_

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

Cheque Date : \_\_\_\_\_

Amount : \_\_\_\_\_

Signature/Name : \_\_\_\_\_  
(to be signed by the agent)

Date: \_\_\_\_\_

(To be signed by the Principal Officer 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 Principal Officer : \_\_\_\_\_

Signature of Principal Officer : \_\_\_\_\_ Date : \_\_\_\_\_

For GIA Use

Date Vetted: \_\_\_\_\_

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



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

<p><b>Type of Agent</b> (Please Tick One Only)</p> <p>General Agent <input type="checkbox"/> General &amp; Life Agent <input type="checkbox"/></p> <p>Trade Specific <input type="checkbox"/> - (If you tick this, please complete Type of Trade)</p>	<p><b>Type of Trade</b> (Please Tick One Only)(Applicable for Trade Specific Agent only)</p> <p>Freight Forwarder <input type="checkbox"/> Motor Dealer <input type="checkbox"/></p> <p>Travel Agency <input type="checkbox"/> Maid Agency <input type="checkbox"/></p>
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DETAILS OF EXPERIENCE

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

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