

AGENCY APPLICATION (CORPORATE)

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

Date: _____

From: Company Name: _____

Contact Person: _____

Checklist:

Kindly submit the following documents & relevant registration fee:

⇒ Agency Application (Corporate) Form, duly completed

⇒ GIAS Registration Fee (cheque payable to Chartis Singapore Insurance Pte Ltd) & Forms:

	Registration For	Amount	Please Tick	GIAS Form(s) To Be Completed
1.	Corporate Agent <i>(up to first 3 nominee agents if all are applying at the same time to represent Chartis Singapore Insurance Pte Ltd as new principal)</i>	S\$107.00		Form A (Agent completes pages 8 & 9. Each nominee must complete page 10 separately)
2.	Each nominee agent @ \$53.50 for the 4 th nominee & above (at any time of application)	S\$53.50		Form A (nominee completes page 10 if applying together with agent whom he is acting for)

Cheque No _____ (Payable to: Chartis Singapore Insurance Pte Ltd)

⇒ A photocopy of the following result slips of your Nominee Agent(s)

- 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

⇒ Copies of Updated ROB/RCB Listing (**not more than 3 months** from the date of agency application)

⇒ 1 recent passport-size color photograph of each nominee agent

APPLICATION FOR AGENCY (CORPORATE)

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**.

Company Name:		
Address:		
Name & Designation of Contact Person(s):		
Telephone (Office)	Telephone (Mobile)	Fax
E-Mail Address		
GIAS Registration Number (if applicable)	Legal Status: (Pls tick in appropriate box) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Company	
Type of Agent <input type="checkbox"/> Cash Agent <input type="checkbox"/> Credit Agent	Agent Type: <input type="checkbox"/> General (Non-Life) <input type="checkbox"/> Trade Specific (Pls state type of business: _____)	
Bank & Account Number (To credit commission)		
Name of Bank _____		
Name of Branch _____		
Bank Account Number _____		
Name of Account Holder _____		
Please declare the following:		
Authorised Capital : S\$ _____		
Paid-Up Capital : S\$ _____ (minimum S\$25,000)		
Is this a GST registered company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide GST Registration Number & Effective Date: _____		
Has your Company previously represented Chartis Singapore Insurance Pte Ltd?		
<input type="checkbox"/> Yes (Agent code: _____) <input type="checkbox"/> No		

Identification and Qualification of the all Director(s) and Corporate Nominee(s), acting on behalf of the agency who provide technical advice on insurance matters must be given.

Full Name as per NRIC/Passport (Please underline surname):

AFFIX A
RECENT
PHOTO

NRIC / Passport No.:

Nationality:

Date of Birth:

Gender: Male
 Female

Residential Address:

Telephone (Mobile):

Email Address:

Agent Type: General (Non-Life)

Composite (Pls state Life Insurance Company: _____)

Qualifications (Please submit a copy upon application)

(i) Highest Academic (min 3 GCE "O" level credit passes)

GCE O Levels (min 3 credits) A Levels Diploma Degree
 Others (pls specify) _____

Applicants without min. 3 GCE "O" level credit passes may submit the Basic Competency Examination Certificate awarded by the Singapore College of Insurance (SCI).

(ii) Professional

CGI BCP & PGI & ComGI Health Insurance Exempted from CGI under Grandfather's Clause
 Others (pls specify) _____

"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.

Current Position: Shareholder Managing Director Director Corporate Nominee

Name of Insurance Companies / Agencies / Broking Firms

Date Joined

Date Left

Name & Address of Present Employer

Nature of business

Position Held

Period (DD/MM/YY)

Name & Address of Previous Employer

Nature of business

Position Held

Period (DD/MM/YY)

Full Name as per NRIC/Passport (Please <u>underline</u> surname):		AFFIX A RECENT PHOTO		
NRIC / Passport No.:	Nationality:			
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Residential Address:				
Telephone (Mobile):		Email Address:		
Agent Type: <input type="checkbox"/> General (Non-Life) <input type="checkbox"/> Composite (Pls state Life Insurance Company: _____)				
Qualifications (Please submit a copy upon application)				
(i) Highest Academic (min 3 GCE "O" level credit passes)				
<input type="checkbox"/> GCE O Levels (min 3 credits) <input type="checkbox"/> A Levels <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Others (pls specify) _____				
Applicants without min. 3 GCE "O" level credit passes may submit the Basic Competency Examination Certificate awarded by the Singapore College of Insurance (SCI).				

(iii) Professional				
<input type="checkbox"/> CGI <input type="checkbox"/> BCP & PGI & ComGI <input type="checkbox"/> Health Insurance <input type="checkbox"/> Exempted from CGI under Grandfather's Clause <input type="checkbox"/> Others (pls specify) _____				
"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.				
Current Position: <input type="checkbox"/> Shareholder <input type="checkbox"/> Managing Director <input type="checkbox"/> Director <input type="checkbox"/> Corporate Nominee				
Name of Insurance Companies / Agencies / Broking Firms		<u>Date Joined</u>	<u>Date Left</u>	
Name & Address of Present Employer		Nature of business	Position Held	Period (DD/MM/YY)
Name & Address of Previous Employer		Nature of business	Position Held	Period (DD/MM/YY)

Full Name as per NRIC/Passport (Please <u>underline</u> surname):		AFFIX A RECENT PHOTO	
NRIC / Passport No.:	Nationality:		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Residential Address:			
Telephone (Mobile):		Email Address:	
Agent Type: <input type="checkbox"/> General (Non-Life) <input type="checkbox"/> Composite (Pls state Life Insurance Company: _____)			
Qualifications (Please submit a copy upon application)			
(i) Highest Academic (min 3 GCE "O" level credit passes)			
<input type="checkbox"/> GCE O Levels (min 3 credits) <input type="checkbox"/> A Levels <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Others (pls specify) _____			
Applicants without min. 3 GCE "O" level credit passes may submit the Basic Competency Examination Certificate awarded by the Singapore College of Insurance (SCI).			

(iv) Professional			
<input type="checkbox"/> CGI <input type="checkbox"/> BCP & PGI & ComGI <input type="checkbox"/> Health Insurance <input type="checkbox"/> Exempted from CGI under Grandfather's Clause <input type="checkbox"/> Others (pls specify) _____			
"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.			
Current Position: <input type="checkbox"/> Shareholder <input type="checkbox"/> Managing Director <input type="checkbox"/> Director <input type="checkbox"/> Corporate Nominee			
Name of Insurance Companies / Agencies / Broking Firms		<u>Date Joined</u>	<u>Date Left</u>
Name & Address of Present Employer		Nature of business	Position Held
Name & Address of Previous Employer		Nature of business	Position Held
			Period (DD/MM/YY)
			Period (DD/MM/YY)

Declaration Form (Corporate)

Name of Company: _____

Company/Business Registration No.: _____

GIAS Registration No. (if applicable): _____

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.

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: _____

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



REQUEST FORM

FORM A

NEW PRINCIPAL REPRESENTATION

Name of Agent/ Agency : _____

NRIC / Business Reg No. : _____ GIAS Agent No.: _____ (If applicable)

Email Address : _____

Name of Principals Currently Representing :

Primary Principal (Please tick One only)

- 1. _____ ()
2. _____ ()
3. _____ ()

* 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 addressed to the principal (replace / terminate) and copied to GIA.

Cheque Details
Bank Name : _____ Cheque Date : _____
Cheque No. : _____ Amount : _____

(To be signed by the Principal Officer of the new principal representation)

[] We agree to be the Primary Principal. (applicable for 1st Principal Application only)

I confirm the above request and will await the approval of the above application.

Name of Insurance Company : _____

Name of Principal Officer : _____

For GIA Use
Date Vetted: _____

Signature of Principal Officer : _____ Date : _____

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



MUST BE COMPLETED BY APPLICANT/AGENT

Agent Account (Please Tick One Only)

Cash Agent Credit Agent

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

Bank Name : _____ Bank Branch : _____

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

CONFIRMATION OF REQUEST

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

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

principals and that the information declared in my / our earlier applications is the same for this new principal. I / we hereby authorize the Registrar to release details of my / our application with my / our current principal/s to my / our new principal.

Signature / Name : _____
{To be signed by the applicant/agent}

Date: _____

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



FORM A

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: - (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 PGI COMGI PGI & COMGI
CGI Exempted Under Grandfathers' Clause Others _____

Current Position : _____

Total Years of Experience : _____

Percentage of Revenue/Salary : _____ % Part-time Full-time

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.