

**APPLICATION FORM FOR AGENCY**

**PRIVATE & CONFIDENTIAL**

1.	Name of Agent:			
			Age	
			New NRIC	
			Old NRIC	
			Occupation	
2.	Residence Address:		Tel no	
			H/P no	
			Email	
3.	Business Address:		Tel no	
			Email	
4.	Are you presently registered with the Persatuan Insurans Am Malaysia? If yes, please endorse a photocopy of your certificate.			Yes / No
5.	If you are a corporate agent, please state the following:			
	(i)	Name of nominee :	Age	
	(ii)	Address:	Old NRIC	
			New NRIC	
			Designation	
			Tel no	

6.	Insurance qualification of agent/corporate nominee (Please attach photocopy of relevant document)		
	(i)		
	(ii)		
	(iii)		
	Experience of agent/corporate nominee:		
	(Please attach photocopy of relevant document)		
	(i)		
	(ii)		
	(iii)		
7.	Academic/Professional Qualification:		
	<u>School/College</u>	<u>From</u>	<u>To</u>
			<u>Highest Qualification</u>
8.	Particular of Business:		
	Status (Tick whichever applicable)	<input type="checkbox"/>	Sole Proprietor
		<input type="checkbox"/>	Partnership
		<input type="checkbox"/>	Private Limited Company
		<input type="checkbox"/>	Limited Company
	If others, please specify:		
9.	(i)	Business/Company registration no:	
	(ii)	Income Tax File reference no:	

10.	For limited liability company, please state the following:-			
	Authorized capital:			
	Paid-up capital:			
(i)	Name of shareholder:		Age	
	Address:		Old NRIC	
			New NRIC	
			% of shares	
(ii)	Name of shareholder:		Age	
	Address:		Old NRIC	
			New NRIC	
			% of shares	
(iii)	Name of shareholder:		Age	
	Address:		Old NRIC	
			New NRIC	
			% of shares	
Please provide attachment if space is insufficient. Please attach Form 24.				
11.	Please state the following particular on partners/directors:			
(i)	Name :		Age	
	Address:		Old NRIC	
			New NRIC	
			Occupation	
(ii)	Name :		Age	
	Address:		Old NRIC	
			New NRIC	
			Occupation	

	(iii)	Name :		Age	
		Address:		Old NRIC	
				New NRIC	
				Occupation	
	(iv)	Name:		Age	
		Address:		Old NRIC	
				New NRIC	
				Occupation	
Please provide attachment if space is insufficient. Please attach Form 49.					
12.	Particular of bankers/finandiers:				
		<u>Name</u>	<u>Address</u>	<u>Account No.</u>	
	(i)				
	(ii)				
	(iii)				
	(iv)				
(Please provide statement of account for the last six months)					
13.	Please provide detail of property/asset owned by you:				
		<u>Property/Asset</u>	<u>Location of property</u>	<u>Market Value</u>	<u>Outstanding Loan</u>
	(i)				
	(ii)				
	(iii)				
(Please provide proof and/or statement of account for the last six months)					

14.	Please nominate two referees:						
	(i)	Name :		Age			
		Address:		Old NRIC			
			New NRIC				
			Occupation				
			Tel no:				
	(ii)	Name :		Age:			
		Address:		Old NRIC			
				New NRIC			
				Occupation			
				Tel no:			
	Can we contact the referees?		Yes		No		
15.	Please state other insurance companies you have previously represented:						
		<u>Name</u>	<u>Period</u>	<u>Reason for termination</u>			
	(i)						
	(ii)						
	(iii)						
	(iv)						
16.	Has any insurance company dedined or terminated your agency?			Yes		No	
<p>If the answer is Yes, please provide details of outstanding premium debts or other financial obligations. Please advise schedule or repayments and the specified timeframe for repayments.</p>							
17.	Can you provide personal/bank guarantee? If yes, please provide details:						

18.	Detail of Guarantors:				
	(i)	Name :		Age	
		Address:		Old NRIC	
			New NRIC		
			Occupation		
			Relationship		
	(ii)	Name :		Age	
		Address:		Old NRIC	
			New NRIC		
			Occupation		
	Relationship				
(iii)	Name :		Age:		
	Address:		Old NRIC		
		New NRIC			
		Occupation			
		Relationship			

**Declaration by Applicant**

I/We do hereby solemnly and sincerely declare that:-

I/We have not:

- a) been of unsound mind;
- b) been convicted of criminal misappropriation, criminal breach of trust, cheating, or forgery, or abatement of or attempt to commit any such offences;
- c) been convicted of fraud, dishonesty or misrepresentation against any person or insurance company which is a member of the Persatuan Insurans Am Malaysia (PIAM);
- d) been declared bankrupt or insolvent;
- e) and will not employ anyone who is an employee or a director of or a shareholder or debenture holder in or has any interest in another Corporate Agency or any other company of firm which is formed for the purpose of transacting or is in fact engaged in transacting any form of insurance business including insurance broking and loss adjusting other than a company whose shares are listed in the Kuala Lumpur Stock Exchange.

I/We hereby apply to BH Insurance (M) Bhd for an agency and declared that the above statements and particulars are true.

All information, statements and particulars that I/we have provided herein are private and confidential and are given in privilege to your Company only.

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

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

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

In the event I/we are granted an agency, my/our signatories are:-

	<u>Name</u>	<u>NRIC</u>	<u>Specimen Signatures</u>
1)			
2)			
3)			
Specimen agency rubber stamp :-			

**STATUTORY DECLARATION BY CORPORATE NOMINEE**

I,

\_\_\_\_\_  
(full name and I.C. No. )

of

\_\_\_\_\_  
(Name of Company/Firm\*)

and of full age do solemnly and sincerely declare that :

- a) I am a Director/Shareholder/Partner/Employee/Sole Proprietor\* of the abovenamed Company/Firm\* and I have consented to be the authorised corporate nominee of the abovenamed Company/Firm\* with effect from \_\_\_\_\_
- b) I am the representative of the abovenamed Company/Firm\* and shall be bound by all acts undertaken by the abovenamed Company/Firm\* and that all provisions and regulations of the General Insurance Agents Registration Regulations of PIAM relating to the conduct, functions and restriction on registered general insurance agents shall also apply to me as the authorised corporate nominee of the abovenamed Company/Firm\*
- c) I further declare that I have :
  - i) not been found of unsound mind;
  - ii) not been convicted of criminal misappropriation, criminal breach of trust, cheating or forgery or abetment of or attempt to commit any such offence,
  - iii) not been convicted of fraud, dishonesty or misrepresentation against any person or insurance company which is a member of the Persatuan Insurans Am Malaysia (PIAM);
  - iv) not been declared a bankrupt or insolvent;
  - v) not had any registration as a General Insurance Agent terminated in accordance with Regulation 9 or 19(iv) of the General Insurance Agents Registration Regulations of PIAM for the time being in force.
  - vi) no outstanding premium, debts or other financial obligations due with any insurance company which is a member of PIAM.
  - vii) no corporation of which I am or was a Principal Officer, Corporate Nominee, Employee, Proprietor, Partner, Director and/or Shareholder has any outstanding premium, debts or other financial obligations due with any insurance company which is a member of PIAM;

*\* Delete where not applicable*

I make this solemn declaration believing the same to be true and by virtue of the provisions of the Statutory Declaration Act, 1960.

Subscribed and solemnly declared \_\_\_\_\_ )

By the abovenamed \_\_\_\_\_ )

\_\_\_\_\_ )

I.C. No. \_\_\_\_\_ ) \_\_\_\_\_

at \_\_\_\_\_ )

in the state of \_\_\_\_\_ )

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ ) (Signature of Corporate Nominee)

Before me,

.....  
(Commissioner of Oaths)

**APPLICATION AS A GENERAL INSURANCE AGENT  
- SCREENING REQUIREMENT**

---

Pursuant to my application to register as a general insurance agent, I/We

\_\_\_\_\_ (name of agent)

hereby authorize and give the consent to

\_\_\_\_\_ (name of insurance company)

to carry out the character screening of all the persons involved in the agency with any credit reference agency and/or any authority as the company considers appropriate.

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

Name of Agent/Agency : \_\_\_\_\_

Agent/Agency Stamp : \_\_\_\_\_

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



**BH Insurance (M) Bhd.**<sup>29962-V</sup>  
(Formerly known as Royal & Sun Alliance Insurance (M) Bhd.)  
 (A member of Boustead Group)

## AGENCY APPLICATION APPLICANT STATUS-INDIVIDUAL/SOLE PROPRIETOR

Please provide the documents marked with a ( ) in support of your application :

**For Office Use**  
**Recieved**

1. BH Insurance Agency Application Form		
2. PIAM Agency Application Form		
3. Photocopy of Identify Card		
4. Business Registration Certificate		
5. CPGI Certificate or other qualification		
6. Minimum Educational Qualification MCE/SPM		
7. Photocopy of PIAM Certification of Registration		
8. Letter addressed to the Registrar, PIAM stating your wish to appoint BH Insurance (M) Bhd. as your 2 <sup>nd</sup> Principal		
9. Declaration of Observance of Code of Practice signed by your nominee		
10. Letter of Guarantee to be signed by Third Party		
11. Photocopy of PIAM's Certificate of Registration/Identity Card		
12. Photocopy of Guarantor's Identity Card		
13. Signed Agency Agreement		



**FOR OFFICE USE ONLY**

( To be completed by Branch Manager/ Senior Manager before submitted for approval)

1) Do you know the applicant? \_\_\_\_\_

2) If yes, since when? \_\_\_\_\_

3) Appearance: Good / Fair /Poor

4) Introduced by: \_\_\_\_\_

5) Please state applicant's other business: \_\_\_\_\_

6) Detail of credit/background checking carried out: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Other remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Estimated gross premium per year :

1. Non Motor : \_\_\_\_\_

2. Motor : \_\_\_\_\_

9) Do you support this application?      Yes/No

Completed by: \_\_\_\_\_

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

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