



Additional Nominee Agent

Form B

A. To be completed by Main Agent / Agency

Name of Main Agent/ Agency: _____

NRIC / Business Reg No.: _____ GIAS Agent No.: _____

Email address: _____

Name of Principals Currently Representing:

1) Primary Principal: _____

2) Secondary Principal: _____

3) Secondary Principal: _____

Type of Agent (please tick one only):

General Agent

General & Life Agent

Trade Specific Agent

(Please complete Type of Trade)

Type of Trade (please tick one only):

Freight Forwarders

Maid Agencies

Motor Dealers

Travel Agents

Handphone Dealers

Electrical Protection

Maid Agencies +

Foreign Worker Agencies

Card Protection Insurance

Foreign Worker Agencies

Cheque Details (for payment of agent fees to Principal)

Cash payment

Bank name: _____ Cheque Date: _____

Cheque No.: _____ Amount: _____

B. Approval of Primary Principal

We agree to the addition of nominee agent request

We do not agree to the addition of nominee agent request

On the basis of due and diligent enquiry made on the background of the applicant named in this Form, and other information available, I believe the applicant to be fit and proper to perform the functions and duties of a nominee agent. I confirm the above request for an additional Nominee Agent.

Name of Insurance Company: _____

Name and Position of Approving Officer*: _____

Signature of Approving Officer*

Date

***Note: Approving Officer must meet the requirements of Regulation 1.5.2 of Appendix B1 of GIARR.**



C. 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 with the following information: (Please attach additional copies of this page- Form B Pg 2, if there is more than 1 Nominee Agent).

PARTICULARS

Name: _____

NRIC / FIN / 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 BCP PGI COMGI
 CGI Exempted Under Grandfathers' Clause Others _____

Current Position: _____ Part-time Full-time

Total Years of Experience: _____ Percentage of Revenue/Salary: _____ %

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.