



## 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.**