

**CHECKLIST**

**Kindly submit the following documents and relevant registration fee:**

1. Duly completed General Insurance Agency Application Form (Corporate), with:
  - (a) GIA Form A – New Principal Representation
  - (b) GIA Form C1 – Declaration Form for Agent
  - (c) GIA Form C2 - Declaration Form for Nominee Agent  
All Corporate Nominee Agent(s) must complete page 3 of GIA Form A and all pages of Form C2
2. A copy of the following result slips of the Nominee Agent(s)
  - (a) CGI (old syllabus) or BCP and PGI and ComGI (new syllabus)
  - (b) HI, mandatory for selling of Health Insurance products
  - (c) Highest educational certificates (min. 3 GCE 'O' level credit passes)
  - (d) Proficiency Certificate (applicable to Trade Specific Agent)  
[Applicants without min. 3 GCE 'O' level credit passes may submit the Basic Competency Examination Certificate awarded by the Singapore College of Insurance (SCI)]
3. A copy of NRIC (both sides) of the Nominee Agent(s)
4. Latest passport color photograph in jpeg format (minimum 514 x 420 pixels) of each Nominee Agent
5. A copy of latest ACRA/ Biz Registration Profile (not more than 3 months from date of agency application)
6. GIA Registration Fee (cheque payable to Etiqa Insurance Pte. Ltd.)

**Bank Name and Cheque No.:** \_\_\_\_\_

Registration For	Amount*	Please Tick
(i) Corporate Agent (up to first 3 nominee agents)	S\$107.00	<input type="checkbox"/>
(ii) 4th nominee agent onwards @ \$53.50 each (at any time of application)	S\$53.50	<input type="checkbox"/>

*\*For application on or after 1 October of the calendar year, 50% of the GIA Registration Fee will be payable.*

**SECTION A: COMPANY INFORMATION**

*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:

Business Address:

Corporate Website Address (if any):

Company Registration No.:

Date of Incorporation:

Paid Up Capital: S\$  
(For Pte Ltd minimum S\$25,000)

Entity Type:

- Sole Proprietor                       Limited Company                       Partnership  
 Co-operative/Society Club                       Private Limited Company                       Other \_\_\_\_\_

GST Registration No. & Effective Date (if applicable):

GIA Registration No. (if applicable):

**Contact Person Details**

Name:

Designation:

Contact No.:

\_\_\_\_\_ (DID) \_\_\_\_\_ (Mobile)

Email:

**Bank Account Information (to credit commission)**

Name of Bank Account Holder:

Bank Account No.:

Name of Bank:

Branch:

**SECTION B: CORPORATE NOMINEE AGENT INFORMATION**

*To BE COMPLETED BY ALL NOMINEE AGENT (S) – attach additional copies of this page if there are more than 1 Nominee Agent.*

Name as per NRIC/Passport:		NRIC/FIN:	
Date of Birth:		Marital Status:	
Contact No.: _____ (DID) _____ (Mobile)		Email:	
Current Position: <input type="checkbox"/> Shareholder <input type="checkbox"/> Managing Director <input type="checkbox"/> Director <input type="checkbox"/> Corporate Nominee			
Academic Qualification:	Professional Qualification:	Total Years of Experience:	
<b>Experience in Insurance Companies/Agency/Broking Firm(s)</b>			
1. Name of General Insurance company currently representing:		Date Joined	Date Left
(a) _____		_____	_____
(b) _____		_____	_____
(c) _____		_____	_____
2. Has any of your insurance company representation(s) ever been terminated or curtailed? If 'Yes', please state the name of the insurance company(ies) and the date(s) of such termination or curtailment. (This question is not restricted to current application but includes all previous employment/involvement)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Continuous Professional Development (CPD) Requirement: Have you fulfilled the minimum number of hours of CPD training and such other requirements as determined by GIA in the previous year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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.**

**By signing this form, I acknowledge and consent to the collection, use and/or disclosure of my personal data by Etiqa Insurance Pte. Ltd. for the purpose of processing this application.**

\_\_\_\_\_  
Signature of Nominee Agent

\_\_\_\_\_  
Date

Name:

NRIC: