



ADDITIONAL NOMINEE AGENT

APPLICATION FORM

TO BE COMPLETED BY NOMINEE AGENT

Name of Agent/Agency : _____

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

Email Address : _____

Name of Principals Currently Representing :

Primary Principal
(Please tick One Only)

1. _____

2. _____

3. _____

Cheque Details

Bank Name : _____

Cheque No. : _____

Cheque Date : _____

Amount : _____

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

Date: _____

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

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

Name of Insurance Company : _____

Name of Principal Officer : _____

Signature of Principal Officer : _____ Date : _____

For GIA Use

Date Vetted: _____

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



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: -

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

<p><u>Type of Agent</u> (Please Tick One Only)</p> <p>General Agent <input type="checkbox"/> General & Life Agent <input type="checkbox"/></p> <p>Trade Specific <input type="checkbox"/> - (If you tick this, please complete Type of Trade)</p>	<p><u>Type of Trade</u> (Please Tick One Only)(Applicable for Trade Specific Agent only)</p> <p>Freight Forwarder <input type="checkbox"/> Motor Dealer <input type="checkbox"/></p> <p>Travel Agency <input type="checkbox"/> Maid Agency <input type="checkbox"/></p>
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DETAILS OF EXPERIENCE

	Name of insurance companies/agencies/broking firms	Position Held	Date Joined	Date Left
1				
2				
3				

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