

Appendix B – Additional Nominee Agents

Information of Additional Nominee Agent

Name of Additional Nominee Agent: _____		NRIC/FIN No.: _____
Date of Birth: _____	Nationality: _____	Marital Status: _____
Contact No.: _____	Gender: _____	Total years of experience in General Insurance: _____
Email: _____		Total years of experience in Life Insurance: _____
Highest Academic Qualification: _____	Please specify if select "Others": _____	
General Insurance Certification: _____	Please specify if select "Others": _____	
Name of Life Insurance Company currently representing (if applicable): _____	Please specify if select "Others": _____	

Details of past work experience including insurance experience

Name of Employer	Year Joined	Year Left	Position Held	Type of Employer Business