

### Section A – Individual Agent

<b>Name of Applicant:</b>		<b>NRIC/FIN No.:</b>
<b>Date of Birth:</b>	<b>Nationality:</b>	<b>GIA No.:</b>
<b>Contact No.:</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single
<b>Residential Address:</b>		
		Postal Code (      )
<b>Business Address (if any):</b>		
		Postal Code (      )
<b>Business Website Address (if any):</b>		<b>Email:</b>
<b>GST Registration No.:</b>	<b>Total years of experience in General Insurance?</b>	<b>Total years of experience in Life Insurance?</b>
<b>Highest Academic Qualification:</b> <input type="checkbox"/> 3 'O' Levels <input type="checkbox"/> Diploma <input type="checkbox"/> 'A' Levels <input type="checkbox"/> Degree	<input type="checkbox"/> Others: _____	
<b>General Insurance Certification:</b>		
<input type="checkbox"/> AAIL <input type="checkbox"/> ACII <input type="checkbox"/> ANZIIF <input type="checkbox"/> BCP	<input type="checkbox"/> CGI <input type="checkbox"/> COMGI <input type="checkbox"/> CPCU <input type="checkbox"/> FCII	<input type="checkbox"/> HI <input type="checkbox"/> PGI <input type="checkbox"/> Proficiency Certificate for TSA <input type="checkbox"/> Others: _____
<b>Name of Life Insurance company currently representing (if applicable):</b>		
<input type="checkbox"/> AIA <input type="checkbox"/> AVIVA Life <input type="checkbox"/> AXA Life	<input type="checkbox"/> Great Eastern <input type="checkbox"/> Manulife <input type="checkbox"/> NTUC Income	<input type="checkbox"/> Prudential <input type="checkbox"/> Tokio Marine Life <input type="checkbox"/> Others: _____

### Section B – Corporate & Trade Specific Agent (Individual agent proceed to Section C)

<b>Name of Company:</b>		<b>Business Registration No.:</b>
<b>Type of Company:</b> <input type="checkbox"/> Limited Company <input type="checkbox"/> Private Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Others: _____		<b>GIA No.:</b>
<b>Business Address (if any):</b>		
		Postal Code (      )
<b>Date of GST Registration:</b>	<b>GST Registration No.:</b>	<b>Paid-Up Capital Amount (for Pte Ltd, min S\$25,000):</b>
<b>Business Website Address (if any):</b>		<b>Email:</b>

## Particulars of Directors/Partners/Shareholders

(If more than two, please complete Appendix – Additional Directors/Partners/Shareholders Form)

<b>Name:</b>		<b>NRIC/FIN No.:</b>
<b>Residential Address:</b>		Postal Code (            )
<b>Nationality:</b>	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single	<b>Contact No.:</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Date of Birth:</b>	<b>Current Position:</b> <input type="checkbox"/> Director <input type="checkbox"/> Managing Director <input type="checkbox"/> Shareholder
<b>Name:</b>		<b>NRIC/FIN No.:</b>
<b>Residential Address:</b>		Postal Code (            )
<b>Nationality:</b>	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single	<b>Contact No.:</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Date of Birth:</b>	<b>Current Position:</b> <input type="checkbox"/> Director <input type="checkbox"/> Managing Director <input type="checkbox"/> Shareholder

## Section C - Individual, Corporate & Trade Specific Agents

Please provide details of employees below (if any):

Name of Employee	Role/Designation	Years of Experience

## Particulars of Nominee Agent

<b>Name of Nominee Agent:</b>		<b>NRIC/FIN No.:</b>
<b>Date of Birth:</b>	<b>Nationality:</b>	<b>Contact No.:</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single	<b>Total years of experience in General Insurance?</b>

## Particulars of Nominee Agent

<b>Total years of experience in Life Insurance?</b>  _____	<b>Email:</b>  _____
--	----------------------------

**Residential Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postal Code ( )

**Highest Academic Qualification:**

<input type="checkbox"/> 3 'O' Levels	<input type="checkbox"/> Diploma	<input type="checkbox"/> Others: _____
<input type="checkbox"/> 'A' Levels	<input type="checkbox"/> Degree	

**General Insurance Certification:**

<input type="checkbox"/> AAI	<input type="checkbox"/> CGI	<input type="checkbox"/> HI
<input type="checkbox"/> ACII	<input type="checkbox"/> COMGI	<input type="checkbox"/> PGI
<input type="checkbox"/> ANZIIF	<input type="checkbox"/> CPCU	<input type="checkbox"/> Proficiency Certificate for TSA
<input type="checkbox"/> BCP	<input type="checkbox"/> FCII	<input type="checkbox"/> Others: _____

**Name of Life Insurance company currently representing (if applicable):**

<input type="checkbox"/> AIA	<input type="checkbox"/> Great Eastern	<input type="checkbox"/> Prudential
<input type="checkbox"/> AVIVA Life	<input type="checkbox"/> Manulife	<input type="checkbox"/> Tokio Marine Life
<input type="checkbox"/> AXA Life	<input type="checkbox"/> NTUC Income	<input type="checkbox"/> Others: _____

**Details of past work experience including insurance experience:**

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

**Name of Principals currently representing:**

Name of Primary Principal	Name of Secondary Principal 1	Name of Secondary Principal 2

If you are currently representing three principals and intend to replace/terminate one of the above, please indicate which principal you wish to terminate (if applicable): \_\_\_\_\_

**Please select the Type of Agent:**

Cash<sup>1</sup>

Credit<sup>2</sup>

**CASH AGENT<sup>1</sup>:** A Cash Agent is one who does not have a Principal's Account and who does not receive any checks made payable to the agent. All payments (cash and checks) to be made payable directly to Liberty Insurance Pte Ltd.

**CREDIT AGENT<sup>2</sup>:** "A Credit Agent is one who operates a Principal's Account and who receives cash and checks made payable to the agent. All payments must be deposited into the Principal's Bank Account." (Complete Appendix - Bank Details Form)

<p><b>How did you get to know us?</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Direct Inquiry</td> <td><input type="checkbox"/> Referral by Agent</td> </tr> <tr> <td><input type="checkbox"/> Friends</td> <td><input type="checkbox"/> Referral by Liberty staff</td> </tr> <tr> <td><input type="checkbox"/> Relatives</td> <td><input type="checkbox"/> Others: _____</td> </tr> </table>	<input type="checkbox"/> Direct Inquiry	<input type="checkbox"/> Referral by Agent	<input type="checkbox"/> Friends	<input type="checkbox"/> Referral by Liberty staff	<input type="checkbox"/> Relatives	<input type="checkbox"/> Others: _____	<p><b>If you are referred by staff or agent, please provide referral's name:</b> _____</p>
<input type="checkbox"/> Direct Inquiry	<input type="checkbox"/> Referral by Agent						
<input type="checkbox"/> Friends	<input type="checkbox"/> Referral by Liberty staff						
<input type="checkbox"/> Relatives	<input type="checkbox"/> Others: _____						

<p><b>How do you acquire business?</b> (you may choose more than one option)</p> <p><input type="checkbox"/> Agent's Website                      <input type="checkbox"/> Referral</p> <p><input type="checkbox"/> Aggregator                                <input type="checkbox"/> Roadshows</p> <p><input type="checkbox"/> Digital Marketing                        <input type="checkbox"/> Telemarketing</p> <p><input type="checkbox"/> Direct Canvassing                       <input type="checkbox"/> Others: _____</p> <p><input type="checkbox"/> In-House Business</p>	<p><b>How many employees do you have?</b></p> <p>_____</p>
---	--

**ADDITIONAL INFORMATION**

1. Provide business breakdown with other Principals for past one year – complete Appendix A - Business Mix Form.
2. Additional Nominee Agents - complete Appendix B - Additional Nominee Agent Form.
3. Additional Directors/Partners/Shareholders - complete Appendix C - Additional Directors/Partners/Shareholders Form.
4. Credit Agents - complete Appendix D- Bank Details Form.

**ADDITIONAL DOCUMENTATION (Requested upon acceptance of registration)**

1. Copy of NRIC (both sides) of Agent and Nominee Agents
2. Latest Passport Color Photograph in jpeg format (minimum 514x420 pixels)
3. Copy of Academic Qualification Certificate (s)
4. Copy of Insurance Qualification Certificate (s)
5. Copy of latest ACRA/Biz Regn Profile (for Corporate Agency)
6. Copy of Proficiency Certificate (applicable to TSA)
7. Three Months existing Principals Statement of Account
8. Latest Profit Commission Statement

**DECLARATION**

1. I/We hereby declare and warrant that:
  - 1.1 I/We have entered into an agency agreement or agreements with an Ordinary Member or Members of GIA, none of which has been terminated over the last 12 months.
  - 1.2 I/We have not convicted of:
    - a) An offence under the Insurance Act (Chapter 142) or any other regulations made thereunder;
    - b) An offence under the Penal Code (Chapter 224);
    - c) An offence under any Act or regulations administrated by the Monetary Authority of Singapore;
    - d) A criminal offence involving fraud, misrepresentation or dishonesty; or
    - e) An offence under any statute which is an re-enactment Act, repealing Act or a consolidation Act in respect of any of the legislations referred
  - 1.3 I/We are not:
    - a) The subject of criminal proceedings which are pending in Court;
    - b) The subject of any investigation or disciplinary proceedings carried out by the Agents' Registration Board;
    - c) The subject of any investigation or disciplinary proceedings carried out by the Monetary Authority of Singapore or by any governmental or regulatory body acting under any act or subsidiary legislation hereinafter referred to as "any Regulator";
    - d) The subject of a prohibition order or any order made by the Monetary Authority of Singapore or any Regulator;
    - e) The subject of a written warning, reprimand or censure meted out by the Monetary Authority of Singapore or any Regulator; or
    - f) A shareholder, partner, manager, employee or director of any business registered with the Registry of Business or of any company registered with the Registry of Companies in respect of which:
      - i. The business/company has been censured or disciplined; or
      - ii. The business or business license has been suspended or revoked by the Monetary Authority of Singapore or any regulator.
  - 1.4 I/We are in compliance with and not in breach of any of the provisions of:
    - a. The General Insurance Agents' Registration Regulations;
    - b. The Code of Practice of Agents; and
    - c. The Singapore General Insurance Code of Practice.
  - 1.5 I/We are not an undischarged bankrupt or a person in respect of whom bankruptcy proceeding is pending in Court
  - 1.6 We are not (in the case of a company registered with the Registry of Companies) the subject of:
    - a. A winding up order;
    - b. A judicial management order; or in respect of which
    - c. A receiver has been appointed (whether by the Court or otherwise); or
    - d. An application or petition for winding up, or appointment of judicial manager or appointment of receiver has been filed in Court and is pending;

**DECLARATION**

- 1.7 I/We have not:
  - a. Entered into a composition or a scheme of arrangement with creditor; or
  - b. One or more outstanding judgments against me/us which has/have been unsatisfied within 7 days from the date of judgment;
- 1.8 I have (in the case of an agent) fulfilled the minimum number of hours required as may be determined by IA from time to time.
2. We hereby further declare that:
  - 2.1 Our minimum paid up capital is S\$25,000 (applicable to a company or partnership business registered with the Registry of Companies); and
  - 2.2 All our shareholders, partners, managers, employees or directors who act on our behalf or represent us in our business of general insurance agents are also registered with the Agents' Registration Board as Nominee Agents and that all the declarations stated herein are true and correct in respect of our Nominee Agents, mutatis mutandis.
3. I/We hereby agree and undertake that I/we shall immediately notify in writing the Agents' Registration Board of GIA and the Ordinary Members of GIA for whom I/we represent as my/our Principals in the event that any fact, event or matter arises or occurs after the making of this Declaration which renders any of declaration herein contained untrue or incorrect.
4. I/We hereby:
  - 4.1 Declare that all information, documents and statements given in this application and any associated attachments, annexures, and/or appendices are completely accurate, and accurately complete; and
  - 4.3 Declare that I/we have no conflict of interest with Liberty Insurance Pte Ltd ("Liberty"); and
  - 4.2 Understand and accept that Liberty reserves the right to cancel my/our application or terminate my/our agency contract if any of the above is found to be partially or wholly false
5. I/We hereby give consent to Liberty Insurance Pte Ltd ("Liberty") and its third-parties including its employees, service-providers, the Monetary Authority of Singapore (MAS), General Insurance Association of Singapore (GIA), the Agents' Registration Board (ARB), and any other insurer, etc (each an "appointee"), and each of their downstream third-parties in turn (collectively, "appointees"), to collect, use and disclose all personal data whatsoever about myself/ourselves and other individuals, from any source, whether they were, are and/or will be collected howsoever by Liberty and/or the appointees in the past, present and/or future, for one or more of the purposes described in Liberty's Data Protection Policy as it may be amended from time to time, including but not limited to: considering & processing my/our application to be an agent of Liberty's; managing, facilitating and/or administering my/our agency relationship with Liberty and in accordance with my/our obligations as a registered general insurance agent with the GIA and ARB; marketing my/our services as an insurance agent; showcasing or marketing my/our achievements such as but not limited to publication of my/our image and personal data on public media platforms such as the newspaper, the internet, Liberty notice boards, at marketing exhibitions, the radio etc; training; to the Inland Revenue Authority of Singapore for tax related matters; to a credit bureau to check on my/our continuing creditworthiness; carrying out due diligence or other screening activities (such as background checks); dealing in any matters relating to, arising from or connected with my/our relationship with Liberty (including but not limited to the mailing of correspondence, statements, invoices, reports or notices to me/us, which could involve disclosure of certain personal data to bring about delivery of the same as well as on the external cover of envelopes/mail packages), contacting me/us on matters related to or connected to my relationship with Liberty; communications; collections; claims; accounting, audit; legal; compliance; research; analysis; surveys, dispute resolution, data storage/technology management, and anything incidental, ancillary, exploratory or supportive of the foregoing (collectively the "Purposes"). I/We continually warrant that all personal data furnished are true, accurate and complete, and I/we shall inform Liberty of any changes to the personal data to my/our knowledge, as soon as practicable. If I/we have given any personal data about or belonging to other individuals howsoever (whether or not representing that data as mine/ours, about me/us, or to be used by me/us), I/we continually warrant that I/we have obtained prior consent from them (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty and/or its appointees to collect, use and disclose their personal data for the Purposes and on the terms stated in this document, as if they were me/us. All consents are given now, unconditionally and independent of any contract, last beyond any contractual term and remain in force until I/we request to withdraw/amend the consents with Liberty by writing to The Data Protection Officer, Liberty Insurance Pte Ltd, 51 Club Street, Singapore 069428 or by email to [dpo@libertyinsurance.com.sg](mailto:dpo@libertyinsurance.com.sg)
6. By submitting this form, I/we am/are deemed to have agreed to all terms and conditions set out in this document and all associated attachments, appendices, and annexures and no physical signature of mine/ours is required.