

Appendix B

Additional Nominee Agents

Information of Additional Nominee Agent

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