

AGENCY APPLICATION FORM -	- INDIVIDUAL	/ NOMINEE AGENT
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Agent Type: 🗌 Individual

Nominee

Affix a recent passport size photograph here

PARTICULARS OF PROPOSER

Full Name (as in NRIC):					
NRIC / Passport No.:				Date of Birth: (dd / mm / yyyy)	
Nationality:		Marital Status	5:	Gender: Male Female	
Contact No.: (Office)	(Mobile)	·		Employment Status:	
(Mobile)	(Fax)			Email:	
Residential Address:				Postal Code ()
Business Address: (If different from Residential Add	ress)			Postal Code ()
Spouse's Name (as in NRIC / Pass	sport):				
Spouse's NRIC / Passport No.:					
EDUCATION (PLEASE ATTACH COPIE	S OF RELEVANT ACADEM	IIC & PROFESSION	AL EDUCATION CERTIFICATE	ES)	
Academic Qualifications: (N	linimum 3 'O' Levels))			
Others: (P	lease specify)				
Professional Qualifications: (E	g. Certificate in Gene	ral Insurance)			
Health Insurance Qualification:	Yes No				
WORK EXPERIENCE					
Details of your Current Principals	(if any)				
Primary Principal:					
Secondary Principal 1:					
Secondary Principal 2:					
If you already represent 3 princip	als, which would you	ι replace EQI fo	?:		
No. of years of experience in (a)	General Insurance:		(b) Life Insurance:		
For a Composite Agent applicant	, provide the name of	f your Life Insur	ance Company:		



DETAILS	OF PAST WORK / BUSIN	IESS EXPERIENCE (EG.	FINANCIAL ADVI	SERS, GI COMPANIES, E	BROKING FIRMS, GI AG	ENCIES OR OTHERS, PLEASE SPECIFY)
	ployer / Principal Representation	Position He	ld	Year Joined	Year Left	Type of Business
TERMINA	TION OF GENERAL INS	URANCE LICENCE (IF	ANY)			
Have you	ever been refused registra	ation / license by ARB?	Yes	No		
If Yes, ple	ase provide details:					
Reason(s)	for Termination:			Date of Te	rmination:	
ABOUT Y	OUR AGENCY BUSINES	S VOLUME (CURRENT &	PROJECTED)			
Your Busi	ness Volume (inclusive of	all existing principals ir	n the last 2 yea	ars)		
Year:		S\$:		Year:		S\$:
Your Proje	ected Business Volume wit	th EQI for 2 Years				
Year:		S\$:		Year:		S\$:
REFEREN	ICES					
Please pro	ovide 2 business-related re	eferees:				
Name of F	Referee 1:			Contact No.:		
Name of F	Referee 2:			Contact No.:		
DECLARA	ATION					
(FOR NEW	APPLICANTS ONLY)					
	eclare that the above state nce Company Limited and		rrect and agree	e that they shall be	the basis of the Co	ontract between
EQTISUIA	nce company Linned and	i me.				
_						
	Applicant Name			Signature		Date
	ITIONAL NOMINEE AGEN					
	y declare that the above since Company Limited and		correct and ag	ree that they shall l	be the basis of the	Contract between
_	Name of Main Age	ent	Signatu	re / Company Stam	p	Date
_	Name of Nominee A	gent	Signatu	ure / Company Stan	np	Date



KINDLY SUBMIT THE FOLLOWING DOCUMENTS AND RELEVANT REGISTRATION FEES

¬y	ency Application	n - Individual, duly signed and completed.	
		igned and completed;	
		omplete GIAS Form A and GIAS Form C1.	
• E	ach Nominee m	ust complete GIAS Form B and GIAS Form C2.	
3. Ph	otocopies of the	e following result slips of the Applicant and each Nominee Agent(s);	
• C	GI (old syllabus	s) or BCP and PGI and ComGI (new syllabus).	
		selling Health Insurance products.	
		cates (min. 3 GCE 'O' level credit passes).	
-		but min. 3 GCE 'O' level credit passes may submit the Basic Competency Examination Certification of leaves and (SCI)	ate awarded by
	Ingapore Colleg Exemptions:	je of Insurance (SCI)]	
		Clause: agents who only needed to attend the CGI course offered by SCI and were allowed to transact general insural	nce business prior to the
	implementation of t	he CGI examinations, provided licence is continuous.	
• (Ωualifications in lieu	of the CGI qualification as set out at http://www.gia.org.sg/pdfs/training_exemptionList.pdf.	
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4.1 r	ecent passport s	of the CGI qualification as set out at http://www.gia.org.sg/pdfs/training_exemptionList.pdf.	
4.1r 5.Ac	ecent passport s copy of Applican	n of the CGI qualification as set out at http://www.gia.org.sg/pdfs/training_exemptionList.pdf. size colour photograph of the Applicant and each nominee agent.	
4.1 r 5.A c	ecent passport s copy of Applican	a of the CGI qualification as set out at http://www.gia.org.sg/pdfs/training_exemptionList.pdf. size colour photograph of the Applicant and each nominee agent. ht 's / Nominee's NRIC / Passport.	Amount*
4.1r 5.Ac 6.Gl/ No.	ecent passport s copy of Applican AS Registration	a of the CGI qualification as set out at http://www.gia.org.sg/pdfs/training_exemptionList.pdf. size colour photograph of the Applicant and each nominee agent. ht 's / Nominee's NRIC / Passport. Fees (cheque payable to: EQ Insurance Company Limited) Registration for	
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4. 1 r 5. A c 6. Gl/ No. 1. 2.	ecent passport s copy of Applican AS Registration	a of the CGI qualification as set out at http://www.gia.org.sg/pdfs/training_exemptionList.pdf. size colour photograph of the Applicant and each nominee agent. nt 's / Nominee's NRIC / Passport. Fees (cheque payable to: EQ Insurance Company Limited) Registration for Agent Application (up to first 2 nominee agents) *if all are applying at the same time to represent EQ Insurance Co Ltd as new principal. Additional Nominee - 3 or less nominees (after approval of the agent / agency registration)	S\$98.10 S\$39.24 each
4. 1 r 5. A c 6. Gl/ No. 1.	ecent passport s copy of Applican AS Registration	 a of the CGI qualification as set out at http://www.gia.org.sg/pdfs/training_exemptionList.pdf. size colour photograph of the Applicant and each nominee agent. at 's / Nominee's NRIC / Passport. Fees (cheque payable to: EQ Insurance Company Limited) Registration for Agent Application (up to first 2 nominee agents) *if all are applying at the same time to represent EQ Insurance Co Ltd as new principal. Additional Nominee - 3 or less nominees 	S\$98.10

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