

## AGENCY APPLICATION FORM – CORPORATE AGENCY

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### A. ABOUT YOUR COMPANY

#### DETAILS OF COMPANY

Name of Company:	
Business Registration No.:	Date of Registration:
Company Type:	Company GST No:
Company Address:	Postal Code ( )
Contact No.: (Office) (Fax)	Email:
Name & Designation of Contact Person:	GIA No: (if applicable)

### B. ABOUT YOUR PRINCIPALS

#### DETAILS OF YOUR CURRENT PRINCIPALS (IF ANY)

Primary Principal: _____
Secondary Principal 1: _____
Secondary Principal 2: _____
If you already represent 3 principals, which would you replace EQI for?:
Your main reasons for choosing EQ Insurance?
No. of years of experience in (a) General Insurance: _____ (b) Life Insurance: _____
For a Composite Agent applicant, provide the name of your Life Insurance Company:

#### TERMINATION OF GENERAL INSURANCE LICENCE (IF ANY)

Have you ever been refused registration / license by ARB? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details:	Date of Termination: _____
Reason(s) for Termination:	

## C. DETAILS OF YOUR AUTHORISED OFFICER & NOMINEE AGENTS

### PARTICULARS OF AUTHORISED OFFICER

Full Name (as in NRIC):	
NRIC / Passport No.:	Date of Birth: (dd / mm / yyyy)
Nationality:	
Designation of Contact Person:	
Residential Address:	Postal Code ( )
Contact No.: (Office) (Mobile)	Email:
Spouse's Name (as in NRIC / Passport):	
Spouse's NRIC / Passport No.:	

### DETAILS OF PAST WORK / BUSINESS EXPERIENCE (EG. FINANCIAL ADVISERS, GI COMPANIES, BROKING FIRMS, GI AGENCIES OR OTHERS, PLEASE SPECIFY)

Employer / Principal Representation	Position Held	Year Joined	Year Left	Type of Business

### PARTICULARS OF NOMINEE AGENT (1)

Full Name (as in NRIC):	
NRIC / Passport No.:	Date of Birth: (dd / mm / yyyy)
Nationality:	
Employment Type:	
Residential Address:	Postal Code ( )
Contact No.: (Office) (Mobile)	Email:

### EDUCATION (PLEASE ATTACH COPIES OF RELEVANT ACADEMIC & PROFESSIONAL EDUCATION CERTIFICATES)

Academic Qualifications:	(Minimum 3 'O' Levels)
Others:	(Please specify)
Professional Qualifications:	(Eg. Certificate in General Insurance)
Health Insurance Qualification:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### DETAILS OF PAST WORK / BUSINESS EXPERIENCE (EG. FINANCIAL ADVISERS, GI COMPANIES, BROKING FIRMS, GI AGENCIES OR OTHERS, PLEASE SPECIFY)

Employer / Principal Representation	Position Held	Year Joined	Year Left	Type of Business

### PARTICULARS OF NOMINEE AGENT (2)

Full Name (as in NRIC):	
NRIC / Passport No.:	Date of Birth: (dd / mm / yyyy)
Nationality:	
Employment Type:	
Residential Address:	Postal Code ( )
Contact No.: (Office) (Mobile)	Email:

### EDUCATION (PLEASE ATTACH COPIES OF RELEVANT ACADEMIC & PROFESSIONAL EDUCATION CERTIFICATES)

Academic Qualifications:	(Minimum 3 'O' Levels)
Others:	(Please specify)
Professional Qualifications:	(Eg. Certificate in General Insurance)
Health Insurance Qualification:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### DETAILS OF PAST WORK / BUSINESS EXPERIENCE (EG. FINANCIAL ADVISERS, GI COMPANIES, BROKING FIRMS, GI AGENCIES OR OTHERS, PLEASE SPECIFY)

Employer / Principal Representation	Position Held	Year Joined	Year Left	Type of Business

### PARTICULARS OF NOMINEE AGENT (3)

Full Name (as in NRIC):	
NRIC / Passport No.:	Date of Birth: (dd / mm / yyyy)
Nationality:	
Employment Type:	
Residential Address:	Postal Code ( )
Contact No.: (Office) (Mobile)	Email:

### EDUCATION (PLEASE ATTACH COPIES OF RELEVANT ACADEMIC & PROFESSIONAL EDUCATION CERTIFICATES)

Academic Qualifications:	(Minimum 3 'O' Levels)
Others:	(Please specify)
Professional Qualifications:	(Eg. Certificate in General Insurance)
Health Insurance Qualification:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### DETAILS OF PAST WORK / BUSINESS EXPERIENCE (EG. FINANCIAL ADVISERS, GI COMPANIES, BROKING FIRMS, GI AGENCIES OR OTHERS, PLEASE SPECIFY)

Employer / Principal Representation	Position Held	Year Joined	Year Left	Type of Business

#### D. ABOUT YOUR AGENCY BUSINESS VOLUME (CURRENT & PROJECTED)

Your Business Volume (inclusive of all existing principals in the last 2 years)			
Year:	S\$:	Year:	S\$:
Your Projected Business Volume with EQI for 2 Years			
Year:	S\$:	Year:	S\$:

#### REFERENCES

Please provide 2 business-related referees:	
Name of Referee 1:	Contact No.:
Name of Referee 2:	Contact No.:

#### DECLARATION

We hereby declare that the above statements are true and correct and agree that they shall be the basis of the Contract between EQ Insurance Company Limited and us.

\_\_\_\_\_  
Name of Authorised Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Nominee Agent 1

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Nominee Agent 2

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Nominee Agent 3

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Stamp

\_\_\_\_\_  
Date

# KINDLY SUBMIT THE FOLLOWING DOCUMENTS AND RELEVANT REGISTRATION FEES

1. Agency Application - Corporate, duly signed and completed.			
2. GIAS Form, duly signed and completed; <ul style="list-style-type: none"> <li>• Corporate Agent must complete GIAS Form A and GIAS Form C1.</li> <li>• Each Corporate Nominee must complete GIAS Form B and GIAS Form C2.</li> </ul>			
3. Photocopies of the following result slips of your Nominee Agent(s); <ul style="list-style-type: none"> <li>• CGI (old syllabus) or BCP and PGI and ComGI (new syllabus).</li> <li>• HI, mandatory if selling Health Insurance products.</li> <li>• Academic certificates (min. 3 GCE 'O' level credit passes).</li> </ul> <p>[Applicants without min. 3 GCE 'O' level credit passes may submit the Basic Competency Examination Certificate awarded by Singapore College of Insurance (SCI)]</p> <p># Exemptions:  <ul style="list-style-type: none"> <li>• Under Grandfather Clause: agents who only needed to attend the CGI course offered by SCI and were allowed to transact general insurance business prior to the implementation of the CGI examinations, provided licence is continuous.</li> <li>• Qualifications in lieu of the CGI qualification as set out at <a href="http://www.gia.org.sg/pdfs/training_exemptionList.pdf">http://www.gia.org.sg/pdfs/training_exemptionList.pdf</a>.</li> </ul> </p>			
4. A copy of Updated ACRA (not more than 3 months from date of agency application).			
5. 1 recent passport size colour photograph of each nominee agent.			
6. A copy of Director's / Nominee's NRIC / Passport.			
7. GIAS Registration Fees (cheque payable to EQ Insurance Company Limited):			
No.	Please Tick	Registration for	Amount*
1.	<input type="checkbox"/>	<b>Corporate Agent (up to first 3 nominee agents)</b> <i>*if all are <b>applying at the same time</b> to represent EQ Insurance Co Ltd as new principal</i>	S\$196.20
	<input type="checkbox"/>	<b>Trade Specific Agent (up to first 3 nominee agents)</b> <i>*if all are <b>applying at the same time</b> to represent EQ Insurance Co Ltd as new principal</i>	S\$147.15
2.	<input type="checkbox"/>	<b>Additional Nominee (Includes Trade Specific Agent) - 3 or less nominees</b> <b>(after approval of the agent/agency registration)</b>	S\$39.24 each
3.	<input type="checkbox"/>	<b>Additional Nominee – more than 3 nominees</b> <b>(at any time of application)</b>	S\$54.50 each
	<input type="checkbox"/>	<b>Trade Specific Agent Additional Nominee – more than 3 nominees</b> <b>(at any time of application)</b>	S\$32.70 each
* If the application is <b>on or after 1 October of the calendar year</b> , 50% of the above GIAS Registration Fees will be payable.			