

# EQ Insurance

## AGENCY APPLICATION FORM – CORPORATE AGENCY

Please attach the following documents with this application:

1. A recent Passport size photograph of the Authorised Officer and each Nominee Agent.
2. Copy of Accounting and Corporate Regulatory Authority (ACRA) Report.
3. Copies of relevant academic and professional education certificates.

Affix a recent  
passport sized  
photograph here

### 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:	

### 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: Reason(s) for Termination: _____ _____	Date of Termination: _____

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## 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:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Designation of Contact Person:	Marital Status:
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:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Employment Type:	Marital Status:
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

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## PARTICULARS OF NOMINEE AGENT (2)

Full Name (as in NRIC):	
NRIC / Passport No.:	Date of Birth: (dd/mm/yyyy)
Nationality:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Employment Type:	Marital Status:
Residential Address:	Postal Code ( )
Contact No.: (Office) (Mobile)	Email:

## EDUCATION (please attach copies of relevant academic & professional education certificates)

Academic Qualifications:	<i>(Minimum 3 'O' Levels)</i>
Others:	<i>(Please specify)</i>
Professional Qualifications:	<i>(Eg. Certificate in General Insurance)</i>
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:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Employment Type:	Marital Status:
Residential Address:	Postal Code ( )
Contact No.: (Office) (Mobile)	Email:

## EDUCATION (please attach copies of relevant academic & professional education certificates)

Academic Qualifications:	<i>(Minimum 3 'O' Levels)</i>
Others:	<i>(Please specify)</i>
Professional Qualifications:	<i>(Eg. Certificate in General Insurance)</i>
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

AG(C)1505-V

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## 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

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## DOCUMENTS REQUIRED FOR SUBMISSION TO GIAS

Documents should be accompanied by the following (where applicable):

A. Duly signed and completed:

- GIA Form A
- Declaration Form

B. Copies of:

- Updated ACRA Listing (not more than 2 weeks from the date of agency application)
- Director's / Nominee's NRIC / Passport
- Nominees'
  - i) Academic Qualifications - Min 3 GCE 'O' Level
  - ii) Professional Qualifications - CGI; or BCP & PGI & COMGI - HI (if any)

C. Cheque payment of S\$107 (inclusive of GST) for up to 3 nominee agents to "EQ Insurance Company Limited" as registration fee to GIAS.

## FOR OFFICIAL USE

Interviewed by:

Remarks:

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Interviewer's Signature:

Date: