EQ Insurance

AGENCY APPLICATION FORM - INDIVIDUAL / NOMINEE AGENT Affix a recent pssport sized photograph here PARTICULARS OF PROPOSER Full Name (as in NRIC): NRIC / Passport No.: Date of Birth: (dd/mm/yyyy) Nationality: Marital Status: Sex: ☐ Male ☐ Female Contact No.: **Employment Status:** (Office) (Home) (Mobile) (Fax) Email: Residential Address: Postal Code () Business Address: Postal Code () (If different from Residential Address) Spouse's Name (as in NRIC / Passport): Spouse's NRIC / Passport No.: 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: ☐ Yes ☐ No **WORK EXPERIENCE 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?: 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:

EQ Insurance

Employer / Principal	Position Held	Year Joined	Year Left	Type of Business	
Representation	Position Heid	Year Joined	Year Leit	Type of Business	
ermination of General Insu	rance Licence (if any)				
lave you ever been refused re		☐ Yes ☐ No			
Yes, please provide details:	<u> </u>				
Reason(s) for Termination:		Date of Termination:			
· /					
ABOUT YOUR AGENCY BU	SINESS VOLUME (current	& projected)			
our Business Volume (inclusiv	ve of all existing principals in t	he last 2 years)			
/ear:	S\$:	Year:		S\$:	
Your Projected Business Volun	ne with EQI for 2 Years				
Year:	S\$:	Year:		S\$:	
REFERENCES					
Please provide 2 business-rela	ited referees:				
Name of Referee 1:		Contact No.:			
Name of Referee 2:		Contact No.:			
DECLARATION					
	20				
FOR NEW APPLICANTS ONL hereby declare that the above		rect and agree that they	shall be the bas	is of the Contract between	
EQ Insurance Company Limite		root and agree that they		ie er trie cermaet between	
		0:			
Applicant Name		Signature		Date	
FOR ADDITIONAL NOMINEE We hereby declare that the ab		correct and agree that th	ev shall be the h	pasis of the Contract between	
EQ Insurance Company Limite		oon oot and agree and ar	oy 0.10 20 ti 10 ti		
Name of Main Agent		Signature / Company Stamp		Date	
				 Date	
Name of Nominee Agent		Signature / Company S	Signature / Company Stamp		

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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
- CGI; or BCP & PGI & COMGI ii) Professional Qualifications
 - HI (if any)
- C. Cheque payment of S\$53.50 (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:	
latenie vede Clareture	Data
Interviewer's Signature:	Date: