

Agency Application For Corporate Agency

Please attach the following documents with this application:

- * **A recent Passport size photograph of the authorised officer and each nominee agent**
- * **Copy of the Registration of Company (ROC) report**
- * **Copies of relevant academic and professional education certificates of each nominee agent**
- * **GIA Declaration**
- * **Your business and marketing plan**

SECTION 1: About Your Company

Name of Company:	
Business Registration No:	Date of Registration: (dd/mm/yyyy)
Company Type:	
Company Address:	
	Postal code:
Mailing Address (if not as above):	
	Postal code:
Company Tel No:	Fax No:
Email Address:	Company GST Number:
Name & Designation of Contact Person:	

SECTION 2: About Your Company **Details of Your Current Principals (if Any)**

a. Primary Principal:

b. Secondary Principal 1:

c. Secondary Principal 2:

If you already represent 3 principals, which would you replace for Sompo?

Reason(s) for choosing Sompo?

For a Composite Agent applicant, provide the name of your Life Insurance company.

Years of Experience in: (a) General Insurance (b) Life Insurance

Termination of General Insurance Licence (if Any)

Have you ever been refused registration/licence by ARB? Yes No

If yes, please provide details:

Reason(s) for Termination:

Date of Termination:
(dd/mm/yyyy)

SECTION 3: About Your Authorised Officer and Nominee Agents

Details of Authorised Officer

Name as in NRIC:

NRIC/Passport No: Date of Birth:
(dd/mm/yyyy)

Nationality: Male Female

Designation:

Residential Address: Postal code:

Home Tel No: Mobile No:

Spouse's Name, as in NRIC: Spouse's NRIC/Passport No:

Details of Past Work/Business Experiences

(eg. Financial Advisors, GI Companies, Broking Firms, GI Agencies or others, please specify)

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

Details of Nominee Agent 1

Name as in NRIC:

NRIC/Passport No: Date of Birth:
(dd/mm/yyyy)

Nationality: Male Female

Residential Address: Postal code:

Home Tel No: Mobile No:

Employment Type: Email Address:

Academic Qualification: (minimum 3 "O" Level)

Others, please specify:

Professional Qualification: (General Insurance related) CGI BCP PGI ComGI HI

Professional Qualification: (others)

Details of Past Work/Business Experiences

(eg. Financial Advisors, GI Companies, Broking Firms, GI Agencies or others, please specify)

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

Details of Nominee Agent 2

Name as in NRIC:

NRIC/Passport No: Date of Birth:
(dd/mm/yyyy)

Nationality: Male Female

Residential Address: Postal code:

Home Tel No: Mobile No:

Employment Type: Email Address:

Academic Qualification:
(minimum 3 "O" Level)

Others, please specify:

Professional Qualification:
(General Insurance related) CGI BCP PGI ComGI HI

Professional Qualification:
(others)

Details of Past Work/Business Experiences

(eg. Financial Advisors, GI Companies, Broking Firms, GI Agencies or others, please specify)

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

Details of Nominee Agent 3

Name as in NRIC:

NRIC/Passport No: Date of Birth:
(dd/mm/yyyy)

Nationality: Male Female

Residential Address: Postal code:

Home Tel No: Mobile No:

Employment Type: Email Address:

Academic Qualification:
(minimum 3 "O" Level)

Others, please specify:

Professional Qualification:
(General Insurance related) CGI BCP PGI ComGI HI

Professional Qualification:
(others)

Details of Past Work/Business Experiences

(eg. Financial Advisors, GI Companies, Broking Firms, GI Agencies or others, please specify)

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

SECTION 4a: About Your Company's 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 Sompo for 2 years

Year S\$ Year S\$

(To support your application, please also submit a detailed 2-year Business Plan for your agency business with us)

SECTION 4b: About Your Agency's Business Volume (Current & Projected)

Please state your current and expected overall annual business volume (all principals combined)

Business Class	Current GWP (S\$)	Projected GWP (S\$)
Personal Accident/Travel		
Motor		
Casualty/Property		
Marine		
Others (please specify)		
Total		

SECTION 5: References

Please provide 2 business-related referees:

Name of Referee 1: Contact No:

Name of Referee 2: Contact No:

SECTION 6: Declaration

We acknowledge and agree that Sompo may collect, use, disclose and/or process our personal data in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to regulatory bodies and industry associations.

We hereby declare that the above statements are true, accurate and complete and agree that they shall be the basis of the Contract between Sompo Insurance Singapore Pte. Ltd. and ourselves.

	Name	Signature
Authorised Officer		
Nominee Agent 1		
Nominee Agent 2		
Nominee Agent 3		

Company Stamp

Date

FOR OFFICIAL USE ONLY

Interviewed by

Date
