

## Agency Application For Individual Agent / Nominee Agent

Agent Type:                       Individual Agent                       Nominee Agent

- Please attach the following documents with this application:**
- \* A recent passport size photograph
  - \* Copies of relevant academic and professional education certificates
  - \* GIA Declaration Form
  - \* Your business and marketing plan

### SECTION 1: Personal Particulars

Name as in NRIC: .....	
NRIC/Passport No: .....	Date of Birth: ..... (dd/mm/yyyy)
Nationality: .....	Male <input type="checkbox"/> Female <input type="checkbox"/>
Employment Type:      Full-time GI <input type="checkbox"/> Composite <input type="checkbox"/>	Part-time GI <input type="checkbox"/> Reason .....
Residential Address: .....	
	Postal code: .....
Mailing Address (if not as above): .....	
	Postal code: .....
Office Tel No: .....	Home Tel No: .....
Mobile No: .....	Fax: .....
Email Address: .....	
Spouse's Name, as in NRIC: .....	Spouse's NRIC/Passport No: .....

### SECTION 2: Academic Qualifications

Academic Qualification: (minimum 3 "O" Level) .....	
Others, please specify: .....	
Professional Qualification: (General Insurance related)	CGI <input type="checkbox"/> BCP <input type="checkbox"/> PGI <input type="checkbox"/> ComGI <input type="checkbox"/> HI <input type="checkbox"/>
Professional Qualification: (others) .....	

**SECTION 3: Work Experiences**

**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 Sompso? .....

Reason(s) for choosing Sompso? .....

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

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

**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

**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 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 Sompso 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(a): Declaration (FOR NEW APPLICATION ONLY)**

I acknowledge and agree that Sompo may collect, use, disclose and/or process my 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.

I 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 me.

Applicant Name	Signature	Date

**SECTION 6(b): Declaration (FOR ADDITIONAL NOMINEE AGENT ONLY)**

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.

	Signature/Company Stamp	Date
Name of Main Agent: _____		
Name of Nominee Agent: _____		

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**FOR OFFICIAL USE ONLY**

Interviewed by \_\_\_\_\_

\_\_\_\_\_ Date

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