

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:	.....	Date of Birth:	..... (dd/mm/yyyy)
NRIC/Passport No:	.....	Sex:	.....
Nationality:	.....	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:	.....
Office Tel No:	.....	Home Tel No:	.....
Fax:	.....	Mobile No:	.....
Email Address:	.....	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 Sompo?

Your reasons for choosing Sompo?

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

No. of Years of Experience in (a) General Insurance (b) Life insurance

Details of Past Work/Business Experience

(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 License (if Any)

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

If yes, please provide details:

Reason(s) for Termination: Date of Termination:
(dd/mm/yyyy)

SECTION 4a: About Your Agency'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\$.....

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

Please state your current and expected overall annual business volume (all principal 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: _____		

FOR OFFICIAL USE	
Interviewed By : _____	Date: _____
Remarks: _____ _____ _____	
Recommended By : _____	Date: _____
Approved By : _____	Date: _____