

EQ Insurance

AGENCY APPLICATION FORM – INDIVIDUAL / NOMINEE AGENT

Agent Type: Individual
 Nominee

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PARTICULARS OF PROPOSER

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

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

Termination of General Insurance Licence (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: _____

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

(FOR NEW APPLICANTS ONLY)

I 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 me.

Applicant Name

Signature

Date

(FOR ADDITIONAL NOMINEE AGENT ONLY)

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 Main Agent

Signature / Company Stamp

Date

Name of Nominee Agent

Signature / Company Stamp

Date

