





# BRUNEI INSURANCE & TAKAFUL ASSOCIATION (BITA)

FACSIMILE NO :

E-MAIL ADDRESS :

**4. NAME OF SOLE PROPREITOR (according to Identity Card)**

**5. HOME ADDRESS**

POST CODE

6. TELEPHONE NO. (Mobile) :

(Home) :

(Office) :

7. I/C NO. :

I/C COLOUR :  Yellow  Red  Green

**8. EMPLOYMENT PASS EXPIRY DATE**

(for Green I/C holder only) :  -  -





# BRUNEI INSURANCE & TAKAFUL ASSOCIATION (BITA)

## 6. TELEPHONE NO.

(Mobile) :

(Home) :

(Office) :

7. IDENTITY CARD NO. :

IDENTITY CARD COLOUR :  Yellow  Red  Green

## 8. EMPLOYMENT PASS EXPIRY DATE

(for Green I/C holder only) :  -  -



# BRUNEI INSURANCE & TAKAFUL ASSOCIATION (BITA)

## SECTION 3 – DECLARATION BY INDIVIDUAL AGENCY/CORPORATE AGENCY

- a) I/We have no other insurance/takaful related business interest. (Please note that in the event you have or acquired other insurance/takaful related interest, these must be declared in writing to the Secretariat).
- b) I/We are not and will not become, without the prior approval of the BITA Secretariat, an employee or a director of or a shareholder or debenture holder in or have any interest in any other company or firm which is formed for the purpose of transacting any form of insurance/takaful business including insurance/takaful broking and loss adjusting.
- c) We being an Individual Agency/Corporate Agency have not employed and will not employ anyone who is an employee or a director of or a shareholder or debenture holder in or has any interest in another Individual Agency/Corporate Agency.
- d) I/We have not:-
  - been convicted of criminal misappropriation of funds, criminal breach of trust, cheating or forgery or abetment of or attempt to commit any such offence.
  - been convicted of fraud, dishonesty or misrepresentation against any insurance/takaful company or against any person having official dealings with any insurance/takaful company.
  - have outstanding premium/Contribution debts or other financial obligations with any insurance/takaful company with whom I/We previously has/have an agency appointment.

I hereby undertake:

- e) to notify the Registrar in writing, through my/our respective Principals, whenever there has been any change in the corporate information, name or address or when I/We commence or cease to represent any general insurance/takaful company within one (1) week of such change occurring.
- f) to abide by the General Insurance/Takaful Agents' Handbook and the Code of Practice for General Insurance/Takaful Agents.

**SIGNATURE & COMPANY STAMP** : \_\_\_\_\_

**NAME OF SIGNATORY** : \_\_\_\_\_



# BRUNEI INSURANCE & TAKAFUL ASSOCIATION (BITA)

## SECTION 4 – DECLARATION BY CORPORATE NOMINEE

I have consented to continue being the authorized corporate nominee of the above-mentioned Company/Firm at the expiry of my current registration. I shall be bound by all acts undertaken by the above-named Company/Firm and that all provisions and regulations of the General Insurance/Takaful Agent Handbook of Brunei Insurance and Takaful Association (BITA) relating to the conduct, functions and restriction on registered general insurance/takaful agents shall also apply to me as the authorized corporate nominee of the above named Company/Firm.

I further declare that I have:

- not been found of unsound mind;
- not been convicted of fraud, dishonesty or misrepresentation against any person or insurance/takaful company which is a member of BITA;
- not been convicted of criminal misappropriation, criminal breach of trust, cheating or forgery or abetment of or attempt to commit any such offence;
- not been declared a bankrupt or insolvent;
- not had any registration as a General Insurance/Takaful Agent terminated in accordance with Regulation 18 or 24 of the General Insurance/Takaful Agent Handbook of BITA for the time being in force;
- no outstanding premium/Contribution, debts or other financial obligations due with any insurance/takaful company which is member of BITA.

**SIGNATURE** : \_\_\_\_\_

**NAME OF SIGNATORY** : \_\_\_\_\_

## SECTION 5 – CERTIFICATION BY PRINCIPAL

I/We hereby certify that this application is complete and the information given herein in respect of our interests have been verified by authorized personnel of the company and found to be true and correct.

I/We hereby confirm our request to renew the above agency for the period of one (1) year from \_\_\_\_\_ and to issue the certificate of registration accordingly.

Enclosed Cheque Number ..... Amount \$ .....

**NAME OF COMPANY** : \_\_\_\_\_

**SIGNATURE & COMPANY STAMP** : \_\_\_\_\_

**NAME OF SIGNATORY** : \_\_\_\_\_



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## SECTION 6 – DOCUMENTS ENCLOSED WITH THIS APPLICATION

- 2 pieces of passport-size photo
- Copy of Registration Certificates 16 & 17
- Copy of Form X

(FOR BITA USE ONLY)	
Received on	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Receipt No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Secretariat Decision	<input type="checkbox"/> Accept <input type="checkbox"/> Reject
.....	