

PROSPECTIVE AGENT/AGENCY SELECTION FORM

Name of Applicant/ Name of Agency	
Home/Business Address:	
GST Registration No.:	
NRIC No.	Date of Birth:
Nationality:	Roc No:
Email:	Fax No.
Handphone No. Office /Home No	Marital Status: Education:
Family Background	
Spouse Name / Occupation:	
I/C No./DOB:	Nationality:
No of Dependent:	Age:
Previous Job Experience	
Company:	Title:
No. of Years:	Salary:

Company:	Title:												
No. of Years:	Salary:												
Have long have you been engaged in the general insurance business ?													
Have you or any of the directors/partners ever been convicted or made a bankrupt?													
Agent's Business Profile													
Other Principals Presented													
(1)	since												
(2)	since												
If you have an existing portfolio, please state volume of business by class generated by you per annum (attach copy of the performance report)													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Class</th> <th style="width:50%;">Annual Gross Premium</th> </tr> </thead> <tbody> <tr> <td>Property(Fire/Engineering)</td> <td></td> </tr> <tr> <td>Casualty (GA/WC/Liability)</td> <td></td> </tr> <tr> <td>Accident/Health</td> <td></td> </tr> <tr> <td>Motor</td> <td></td> </tr> <tr> <td>Marine(Cargo/Hull)</td> <td></td> </tr> </tbody> </table>	Class	Annual Gross Premium	Property(Fire/Engineering)		Casualty (GA/WC/Liability)		Accident/Health		Motor		Marine(Cargo/Hull)		
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Remarks/Recommendation													