



AGENCY APPLICATION FORM		
1	Name of Applicant/Name of Agency	
2	NRIC No	
3	Date of Birth	
4	Mailing Address	Postal Code ()
	Home Address	Postal Code ()
5	Person(s) to Contact	
6	Telephone No	Office : Pager: Handphone:
		Home : Fax :
7	Email Address	
8	Type of Company (*Sole Proprietorship/Partnership/Private Limited) * <i>delete accordingly</i>	
9	Business/Company Registration No	Date of Registration
10	Nature of Business	



11	If a limited company/sole proprietorship/partnership, please state :	
A	Date of Incorporation	
B	Authorised Capital / Amount Capital	
C	Issued & Paid Up Capital (Applicable to Limited Company)	
D	Particulars of Directors/Proprietor/Partners (see below)	
i)	Name in Full/NRIC No	Residential Address/Telephone No Postal Code () Tel :
ii)	Name in Full/NRIC No	Residential Address/Telephone No Postal Code () Tel:
12	How long have you been engaged in the insurance business? (non-life)	
13	Do you have any other principals?	If yes, please give details: (1) (2)
14	Have you or any of the directors/partners ever been convicted or made a bankrupt?	



15	If you have an existing portfolio, please state volume of business by class generated by you per annum	
	Class	Annual Gross Premium
A	Property (Fire / Engineering)	
B	Casualty (G. Accdt / W Comp / Liability / Etc)	
C	Accident & Health	
D	Motor	
E	Marine (Cargo / Hull)	
16	Are you an employee of the Company? (*Yes/No) * <i>delete accordingly</i>	
17	Personal Data Protection Act Declaration	

I understand, acknowledge, agree and consent that :

- (a) AXA Insurance Pte Ltd, General Insurance Association of Singapore (“GIA”) and the Agents’ Registration Board (“ARB”) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by AXA Insurance Pte Ltd (collectively the “Personal Information”) and disclose and transfer such Personal Information to the Monetary Authority of Singapore and any other insurer or company operating insurance business in Singapore, for the purpose(s) of :
- (i) processing my application to be an agent with AXA Insurance Pte Ltd;
 - (ii) managing, facilitating and/or administering my relationship with AXA Insurance Pte Ltd such as but not limited to managing or dealing with my commissions, fees, benefits, if any, terminating my relationship, disciplinary investigation and/or disciplinary action arising from my action(s) or omission(s);
 - (iii) managing and/or administering activities carried out by me pursuant to my obligations under my agreement with the AXA Insurance Pte Ltd or in my performance of my obligations in my agreement with the AXA Insurance Pte Ltd;



- (iv) analyzing, administering and/or managing my transactions and performance targets;
- (v) marketing my services as an insurance agent, to the public or to any third party;
- (vi) showcasing or marketing my achievements in relation to my insurance transactions such as but not limited to publication of my image and personal data on public media platforms such as the newspaper, the Internet, the AXA Insurance Pte Ltd in-house notice boards, at marketing exhibitions, the radio etc;
- (vii) considering, proposing, facilitating or sending me for any training that AXA Insurance Pte Ltd or GIA, as the case may be, determines is suitable for me;
- (viii) disclosure of my personal data to the Inland Revenue Authority of Singapore to facilitate or administer tax related requirements, claims, deductions or matters;
- (ix) disclosure of my personal data to a credit monitoring bureau on a monthly basis (or whenever necessary) to check on issuance of any bankruptcy petition or order against me;
- (x) carrying out due diligence or other screening activities (such as background checks) in accordance with legal or regulatory requirements or risk management procedures required by the Monetary Authority of Singapore or that have been put in place by AXA Insurance Pte Ltd or GIA;
- (xi) dealing in any matters relating to, arising from or connected with my relationship with AXA Insurance Pte Ltd (including but not limited to the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), contacting me on matters related to or connected to my relationship with AXA Insurance Pte Ltd; and
- (xii) complying with applicable law in administering and managing my relationship with AXA Insurance Pte Ltd;

(collectively the “**Purposes**”)

- (b) Any other insurer or company operating insurance business in Singapore (collectively “**Other Insurers**”) may/can collect, may use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by AXA Insurance Pte Ltd, any of the Other Insurers, GIA, and/or ARB to their third party service providers or agents, which may be sited outside of Singapore, for one or more of the above Purposes.

.....(signature)

Name :

NRIC No. :

Date :



Remarks: Please attach to this Application Form, a photocopy of your Certificate of Incorporation of the Company together with a copy of the Memorandum and Articles of Association in the case of a Limited Company.

References:

Name:
Company:
Contact No.
Relationship:
No of Years Known:

Name:
Company:
Contact No.:
Relationship:
No of Years Known:

Date:/...../.....

Signature:

Name:

(Please apply rubber stamp of your Company)