

DISTRIBUTION PARTNER APPLICATION FORM

direct
asia

A HISCOX COMPANY

FA BROKER

CHECKLIST

Please submit the following documents with this application form:

- 1 A copy of ACRA** **2 Name list of financial advisors in excel** (only applicable to FA)

1 Company Information

Company Name

Business Address

Block/Building/House Number

Unit No.

Street Name

Building Name

Postal Code

License No.

Contact Person(s)

First Name

Last Name

Designation

Tel No.

(Office)

(Mobile)

Email Address

First Name

Last Name

Designation

Tel No.

(Office)

(Mobile)

Email Address

Is this a GST registered company? Yes No

If yes, please provide the following details :

GST Registration Number

Effective Date

2 Bank Details

Name of Bank

Branch Code

Bank Account No.

Name of Account Holder

3 Declaration

We hereby declare that the information and statements given herein are true, accurate and complete and agree that they shall be the basis of the Distribution Agreement between ourselves and Direct Asia Insurance Singapore.

By signing this form, we acknowledge and consent to the collection, use and/or disclose of our personal data by Direct Asia Insurance Singapore for the purpose of processing this application.

Name & Signature

Date (DD/MM/YYYY)