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THE SCHEDULE — *continued*

*Instructions for completion of Annex 2 to Form D*

A registered insurance broker shall complete separate forms for each type of registration.

**PART A : SOURCE OF BUSINESS**

1. The classification of territory shall be by country of domicile of reinsureds.
2. For those countries which are not listed under Row 1 to 9 and the reinsurance premiums sourced from each country amounts to —
  - (a) 5% or more of total premiums for Offshore Risks, please list down the countries under Row 10 to 16 and specify the amount of premiums sourced from each country; or
  - (b) less than 5% of total premiums for Offshore Risks, please provide the aggregate premiums sourced from all these countries under Row 17.

**PART B : PLACEMENT OF BUSINESS WITH INSURERS OUTSIDE SINGAPORE (EXCLUDING FOREIGN INSURERS UNDER THE FOREIGN INSURERS SCHEME AND PROTECTION AND INDEMNITY CLUBS)**

1. For those countries which are not listed under Row 1 to 15 and the reinsurance premiums placed with each country amounts to —
  - (a) 5% or more of total premiums for Domestic Risks or Offshore Risks, as the case may be, please list down the countries under Row 16 to 23 and specify the amount of premiums for Domestic Risks or Offshore Risks, as the case may be, placed with each country; or
  - (b) less than 5% of total premiums for Domestic Risks or Offshore Risks, as the case may be, please provide the aggregate premiums for Domestic Risks or Offshore Risks, as the case may be, placed with all these countries under Row 24.

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 THE SCHEDULE — *continued*

Regulation 11

 INSURANCE ACT  
 (CHAPTER 142)

 INSURANCE  
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## FORM E

 NOTICE OF COMMENCEMENT OF  
 INSURANCE BROKING BUSINESS

1. Name of corporation: \_\_\_\_\_
2. Business address: \_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. Fax number: \_\_\_\_\_
5. E-mail address: \_\_\_\_\_
6. Company/business registration number: \_\_\_\_\_
7. Paid-up capital (based on latest audited accounts ended \_\_\_\_\_): \_\_\_\_\_
8. Net asset value (based on latest audited accounts ended \_\_\_\_\_): \_\_\_\_\_
9. Status of exempt insurance broker:
  - (a) For persons licensed, approved or registered by the Monetary Authority of Singapore (“MAS”), please indicate status:
    - Bank
    - Merchant Bank
    - Licensed Financial Adviser
    - Holder of a Capital Markets Services Licence
    - Finance Company
    - Direct Life Insurer
  - (b) For others, please elaborate \_\_\_\_\_
10. Please indicate type of insurance broking activity carried out:
  - Direct Insurance Broking
  - General Reinsurance Broking
  - Life Reinsurance Broking

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 THE SCHEDULE — *continued*

11. Please provide a copy of your corporation's organisation chart detailing key staff and reporting lines and specify the senior management staff member(s) with supervisory responsibility over the corporation's direct insurance/general reinsurance/life reinsurance\* broking operations.
12. If the exempt insurance broker is not licensed, approved or registered by the MAS, please provide the following:
- (a) Particulars of its substantial shareholders holding 5% or more of the share capital of the corporation:

Name	Percentage Shareholding	Identity card/ passport/UIN no. (for Singapore permanent resident)	Business/ Residential address

- (b) In relation to each substantial shareholder, please furnish details of the nature of business, directorship and substantial shareholdings in other corporations in Singapore or elsewhere, and in the case of any individual, the curriculum vitae.
- (c) Particulars of key officers who are not substantial shareholders:

Name	Designation	Identity card/ passport/UIN no. (for Singapore permanent resident)	Residential address

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 THE SCHEDULE — *continued*

(d) In relation to each key officer, please furnish a copy of his/her curriculum vitae. If the key officer(s) hold(s) any directorship or substantial shareholdings in any other corporation in Singapore or elsewhere, please give details of the corporation, nature of business, date and nature of appointment as director.

13. Date of commencement of insurance broking business: \_\_\_\_\_  
(dd/mm/yy)

Signature : \_\_\_\_\_  
 Name of Director/  
 Secretary/Principal Officer/  
 Chief Executive Officer\* : \_\_\_\_\_  
 Date : \_\_\_\_\_  
 (dd/mm/yy)

*Note:*

Please tick (✓) in the relevant boxes where appropriate.

\*Delete whichever is inapplicable.

THE SCHEDULE — *continued*

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## FORM F

## NOTICE OF CHANGE OF PARTICULARS

Name of corporation:

(If its name has been changed, state  
its name as previously furnished): \_\_\_\_\_

Company/business registration number: \_\_\_\_\_

Notice is hereby given that on \_\_\_\_\_ (dd/mm/yy), the following particulars of the abovementioned corporation have been changed (*Note*: only those particulars which have changed need to be completed):

1. Indicate which of the following insurance broking activity is carried out:

	<i>Old Activity</i>	<i>Current Activity</i>
Direct Insurance Broking	<input type="checkbox"/>	<input type="checkbox"/>
General Reinsurance Broking	<input type="checkbox"/>	<input type="checkbox"/>
Life Reinsurance Broking	<input type="checkbox"/>	<input type="checkbox"/>

2. If a new type of insurance broking activity is carried out, please provide a copy of your corporation's organisation chart detailing key staff and reporting lines and specify the senior management staff member(s) with supervisory responsibility over the corporation's direct insurance/general reinsurance/life reinsurance\* broking operations.
3. If the exempt insurance broker is licensed, approved or registered by the Monetary Authority of Singapore ("MAS"), please indicate any change in status:
- Bank
  - Merchant Bank
  - Licensed Financial Adviser
  - Holder of a Capital Markets Services Licence
  - Finance Company
  - Direct Life Insurer





























