

FIRST CAPITAL INSURANCE LIMITED

PROSPECTIVE AGENT/AGENCY SELECTION FORM

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

Class	Annual Gross Premium
Property(Fire/Engineering)	
Casualty (GA/WC/Liability)	
Accident/Health	
Motor	
Marine(Cargo/Hull)	

References

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

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Contact No. Relationship:
No. of Years Known:

Remarks/Recommendation