

UPDATE OF AGENT'S PARTICULARS

Please indicate amendments required by ticking the box below and providing the details next to it.

<input type="checkbox"/> Business Address:					Postal Code	
<input type="checkbox"/> Home Address:					Postal Code	
Do you want Home Address to be your mailing address? (Note: Mailing address will be printed on all policies serviced by you)					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Contact Details:	(H)		(O)		(HP)	
	(FAX)		(Email)			
<input type="checkbox"/> Bank Account:	Bank Code		Branch code		Account no.	
	Name of Bank					
	Type of Account:	<input type="checkbox"/> Personal <input type="checkbox"/> Corporate				
	Name of Account Holder:					
<input type="checkbox"/> Agency (SP):						
<input type="checkbox"/> NRIC/Passport:						
<input type="checkbox"/> Marital Status:						
<input type="checkbox"/> Insurance Principal:						(Add/Delete)
						(Add/Delete)
<input type="checkbox"/> Others:						

Agent's Signature :	(Signature as per Agency Agreement)	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Agent :		AIG Agency Code:	

FOR OFFICIAL USE

(1) Form received on:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
(2) Agency System updated on:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
(3) Producer Maintenance Form submitted to MIS on:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Staff Signature :		Staff Name :	