

MEMBER DETAILS

NAME & CORRESPONDENCES DETAILS			
<i>(This contact will be used by the Secretariat when corresponding with Members)</i>			
Membership Number			(For Official use)
Company Name			
Principal Officer			
Address			
Town/City	Postcode	Country	
Phone No	Fax no:		
E-mail Address of principal officers:			
(1)			
(2)			
(3)			
(4)			

COMPANY INCORPORATION/REGISTRATION AND LICENCES							
Incorporation/Registration		No			Date		
Licences (√ <input type="checkbox"/>)		Life ()	General ()	Date & Number of Licence		Takaful/Retakaful Window	
Insurer	<input type="checkbox"/>	()	()	Date:	No:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Reinsurer	<input type="checkbox"/>	()	()	Date:	No:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Master Captive	<input type="checkbox"/>	()	()	Date:	No:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rent-a-Captive	<input type="checkbox"/>	()	()	Date:	No:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pure Captive	<input type="checkbox"/>	()	()	Date:	No:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Brokers	<input type="checkbox"/>	()	()	Date:	No:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Underwriters	<input type="checkbox"/>	()	()	Date:	No:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Insurance Manager	<input type="checkbox"/>	N/A	N/A	Date:	No:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Underwriting Manager	<input type="checkbox"/>	N/A	N/A	Date:	No:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

REGISTERED ADDRESS

Trust Company Name

Address

Town/City

Postcode

Country

Phone No

Fax no:

LABUAN OFFICE (STATE MANAGER'S NAME IF DO NOT HAVE OWN OFFICE IN LABUAN)

Manager

Address

Town/City

Postcode

Country

Phone No

Fax no:

KL MARKETING OFFICE (IF APPLICABLE)

Address

Town/City

Postcode

Country

Phone No

Fax no:

OTHER OFFICE

Address

Town/City

Postcode

Country

Phone No

Fax no:

E-mail Address

HEAD OFFICE

Address

Town/City

Postcode

Country

Phone No

Fax no:

E-mail Address

COMPLIANCE OFFICER

Name			
Designation			
Address			
Town/City	Postcode	Country	
Phone No	Fax no:		
E-mail Address			

ALTERNATE REPRESENTATIVE OF COMPANY (MAIN REPRESENTATIVE MUST BE THE PRINCIPAL OFFICER)***ALTERNATE REPRESENTATIVE***

Name			
Designation			
Address			
Town/City	Postcode	Country	
Phone No	Fax no:		
E-mail Address			

SIGNATURE

I confirm the above are true and complete to the best of my knowledge.

Signature of Principal Officer

Date