

16. DECLARATION BY AGENT:-

I/We hereby declare that:

- a. I/We have no other insurance related business interest(s).
(Please note that in the event you have or acquire other insurance related business interest(s), these must be declared in writing to the Board).
- b. I/We are not and will not become without the prior approval of the Agency Affairs Sub-Committee (“the Board”) an employee or a director of or a shareholder or debenture holder in or have any interest in any other company or firm which is formed for the purpose of transacting any form of insurance business including insurance broking and loss adjusting. (This prohibition does not apply to the company for which I/ We act or a company whose shares are listed on the Kuala Lumpur Stock Exchange.)
- c. We being a Corporate Agency have not employed and will not employ anyone who is an employee or a director of or a shareholder or debenture holder in or has any interest in another Corporate Agency. (This prohibition does not apply to the company for which we act or a company whose shares are listed on the Kuala Lumpur Exchange).
- d. I/We have not: -
 - (i) been convicted of criminal misappropriation, criminal breach of trust, cheating or forgery or abetment of or attempt to commit any such offence.
 - (ii) been convicted of fraud, dishonesty or misrepresentation against any insurance company or against any person having official dealings with any insurance company.
 - (iii) been declared a bankrupt or insolvent.
- e. I/We do not have outstanding premium debts or other financial obligations with any insurer with whom I/We previously had an agency agreement.
- f. I consent to PIAM processing my personal data as provided in this form or hereafter for purposes in connection with my registration as an insurance agent, regulation of insurance agents by PIAM and for establishing a shared database of agents (collectively, “Purpose”), including the disclosure of my personal data to affiliates which may be located outside Malaysia and third parties including LIAM and MTA for the Purpose. I acknowledge that:-
 - (i) it will be necessary for PIAM to process my personal data for the Purpose, without which I will not be able to register as an insurance agent, and

(ii) I may make inquiries or complaints, and access or correct my personal data or limit the processing thereof by contacting PIAM via ETIQA GENERAL INSURANCE BERHAD.

[* Email address – ismail.i@etiqa.com.my]

g. If, in completing this form or hereafter, I have or will provide any personal data of other identifiable individuals, I confirm that I have informed them about the Purposes for which and the manner in which their personal data will be collected and processed by PIAM, given them the other information set in clause 16(f) above, and secured their agreement to PIAM processing, disclosing and transferring their personal data.

SIGNATURE : _____

NAME OF AGENT / AGENCY: _____

AGENT/AGENCY STAMP : _____

DATE : _____