

TIA INSURANCE AGENT PARTNERSHIP FORM

Please provide the information below when applying to TIA for appointment as a Agent:-

1. Completed TIA Application Form.
2. Certificate of Registration of Business OR Certificate of incorporation.
3. National ID Cards of Directors/Principal Officer.
4. Current Registration Certificate as a broker issued by Commissioner of Insurance.
5. C O P Certificate/Exemption letter.
6. Must attend a Takaful training Workshop or Seminar.

AGENT PARTNERSHIP FORM

- 1.**
- a) Business Name _____
- b) Postal Address _____ CODE _____ TOWN _____
- c) Physical Address/Business Location _____

- d) Telephone Number(s) _____

e) Full Names of Partners/Directors.

	Name	Occupation
i.	_____	_____
ii.	_____	_____
iii.	_____	_____

2. Give the following details about your company:-

- a) Date of incorporation
(Attach certificate of incorporation) _____
- b) Date of Registration as an Insurance broker
(Attach certificate of registration) _____
- c) Is it a limited Company? _____
- d) Copy of COP or exemption Certificate _____

3. Give details of the Principal Officer

Full Name _____

Professional/Academic Qualification _____

Experience (in insurance) _____

Detail where and department _____

4. a) Do you represent any other underwriter at present? YES/NO

b) If "yes" give the following details

	Company	Dates	Continuing/Discontinued
i.	_____	_____	_____
ii.	_____	_____	_____
iii.	_____	_____	_____
iv.	_____	_____	_____

5. State amount of business you expect to submit to T.I.A in the next 12 months.

Class	Amount (Contribution)
Fire	_____
Accident/Liability	_____
Burglary	_____
Motor	_____
Marine	_____

7. a) In which area(s) of Kenya do you wish to operate?

b) In which countries do you have operations or business

8. a) Have you ever been declared bankrupt or compounded with your creditors? If so give details

9. a) Name and address of your bankers

Name _____
Branch _____
Address _____

10.

Please give at least two names of your referees (Not related to you) and preferably within the insurance industry.

	Full Name	Contact	Profession
i.	_____	_____	_____
ii.	_____	_____	_____

N.B: a) As per the Insurance Act, agents and brokers are required to remit full payment of premium before cover can be granted.

DECLARATION

*I/We hereby declare that the particulars given above are true and complete to the best of my knowledge and belief and that if this application is approved by **THE TAKAFUL INSURANCE OF AFRICA LIMITED**, I/We will accept an appointment as intermediaries subject to a formal contract in the form acceptable by T.I.A Limited.*

Signed _____

Date _____

Name and Designation
(Partner, Director or Manager)

Company Rubber Stamp/Seal

FOR OFFICIAL USE ONLY

Application received by _____ on _____

Referees contacted by _____ on _____

Application approved/rejected/kept pending by _____

Agency Code No _____

Given by _____ on _____

NB: APPLICATION WILL ONLY BE GRANTED UPON UNDERGOING OF THE TAKAFUL WORKSHOP AND TRAINING.