



Producer Code: _____

UPDATE OF AGENT'S PARTICULARS

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

Business Address : _____
Postal Code _____

Home Address : _____
Postal Code _____

Do you want your Home Address to be your mailing address? Yes No
(Note: Mailing address will be printed on all policies serviced by you)

Contact Details : (H) _____ (O) _____ (HP) _____ (FAX) _____

Email Address : _____

Emergency Contact Person : Name _____ Contact No. _____ Relationship _____

Insurance Principal : _____ (Add/Delete), _____ (Add/Delete)

Others : _____

For Composite Agents only

Are you an Agency Leader? : Yes No

Life Insurance Agency (SP) Name in Full: _____

- For AIA Agents, please indicate in format "SP-Unit Name-District Name" or "SP-District Name", whichever is applicable)
- For Non-AIA Agents, please provide us your Agency / District name, whichever is applicable)

AIA Unit & Agent Code :

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(where applicable)

To : Agency Department, AIG Asia Pacific Insurance Pte. Ltd.
Email : Agency_Admin@AIG.com

There are changes in my particulars and I have indicated the changes above.
Please update my records accordingly.

Signature (as per Agency Agreement)

Date

Name of Agent

For Official Use Only	
Verified:	Yes / No / N.A.
Agency records updated:	Yes / No
Staff Name & Date:	_____
PMF submitted to IT on:	_____