



Capitol Hill Towers, P.O. Box 55651-00200 Nairobi – Kenya, Tel: 020- 2721710, E-mail: info@trident.co.ke

AGENCY APPLICATION FORM

Fill in ALL the blank spaces

COMPANY DETAILS

1. Name of Agency: _____
2. Postal Address: _____
3. Physical Address: Building _____ Floor /Room _____
Street _____
4. Telephone : Office _____ Mobile _____ Fax _____
Email: _____

REGISTRATION DETAILS

5. Registration Certificate No. (If not a Limited Liability Company): _____
Date of Registration _____ (attach copy)
6. Certificate of Incorporation No. (If a Limited Liability Company): _____
Date of Registration _____ (attach copy)
7. Insurance License No. _____ Expiring _____ (attach copy)
8. Principal Officer _____
Telephone _____ Email _____
Qualification _____
Years of Service _____
9. Principal partners (Directors)
Name _____
Name _____
Name _____
10. Principle Bankers:
Bank: _____ Branch _____ Account No. _____
Bank: _____ Branch _____ Account No. _____
11. Do you do any other business besides Insurance? Yes/No

If yes give nature of business _____

12. Business Transacted Last Year, Kshs _____

13. Companies Supported Above: Name _____ Kshs. _____

Name _____ Kshs. _____

Name _____ Kshs. _____

14. Do you have any credit facilities with them? Yes/No

If yes give details _____

	<u>Aged Balances</u>		
	<u>Current</u>	<u>Over 30 days</u>	<u>Over 60 days</u>
Company _____	Kshs. _____	Kshs. _____	Kshs. _____
Company _____	Kshs. _____	Kshs. _____	Kshs. _____
Company _____	Kshs. _____	Kshs. _____	Kshs. _____

15. How much business do you intend to place with TRIDENT INSURANCE CO. LTD?

2012 Kshs _____

2013 Kshs _____

2014 Kshs _____

16. In which branch would you prefer to do business? _____

17. Has any insurer ever declined to open/run your account due to un remitted premiums or any other reason? Yes/No

If yes, what is the reason? _____

18. Do you have any litigation, criminal or otherwise incurred either personally or in your business. Yes/No.

If yes please state: _____

DECLARATION

I/We _____ do hereby declare the above information to be true and complete and that I shall abide by the requirements of TRIDENT INSURANCE CO. LTD as communicated to me from time to time.

Signed:

This: _____ Day of _____ 2011 _____

Name: _____ Designation: _____

Company stamp/Seal:

Marketer: _____ Signature: _____

FOR OFFICAL USE ONLY:

Channel (Agent/Brokers/DSF): _____

Unit Manager Name or Marketer: _____

Manager's Evaluation:

Remarks _____

Signed: _____
(Branch/Account Manager)

Approved, Yes/No _____

Signed: _____
(Marketing manager)

Account NO: _____ Signed : _____ Date: _____

Authorized by;

Underwriting: Name: _____ Signed _____ Date _____

CEO: Name: _____ Signed _____ Date _____

Finance: Name: _____ Signed _____ Date _____

PO: Name: _____ Signed _____ Date _____

ICT: Name: _____ Signed _____ Date _____

Intermediary Code: _____

Remarks