

## BDM ASSESSMENT FORM FOR NEW REPRESENTATIVE

Information on New Representative			
Name of New Representative: (as in NRIC/Passport)		Recruiting Manager:	
Recruitment Questionnaires			
		YES	NO
1	Is the applicant referred by any of our representatives?	<input type="checkbox"/>	<input type="checkbox"/>
	Name of Referrer: _____ PIAS Code: _____		
2	Is the applicant on any Transition Allowance Scheme?	<input type="checkbox"/>	<input type="checkbox"/>
	If Yes, please state which type of scheme: _____		
3	Is the applicant being briefed not to conduct any sales before the issuance of the PIAS Code, even if MAS has issued the Representative Number?	<input type="checkbox"/>	<input type="checkbox"/>
4	Is the applicant being briefed to terminate his/her existing agency agreements with other insurers before he/she is appointed as a representative of PIAS?	<input type="checkbox"/>	<input type="checkbox"/>
5	Are the proposed banding details & designation by the recruiting manager agreeable to all parties (new representative, recruiting manager, financial services director and PIAS)?	<input type="checkbox"/>	<input type="checkbox"/>
	If No, please state the <u>final</u> proposed banding details & designation (after confirmation with FSD): _____		
6	Is the applicant currently engaged with other gainful employment?	<input type="checkbox"/>	<input type="checkbox"/>
	If Yes, please state them accordingly: _____		
7	<b>[Honesty, Integrity &amp; Reputation]</b> Is the applicant currently conducting any of the following prohibited non-FA activities? <ul style="list-style-type: none"> <li>▪ Other regulated licenses (eg. real estate, money lending)</li> <li>▪ Promoting junkets for casinos</li> <li>▪ Marketing products that are not regulated under the Financial Advisers Act</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
8	Does the applicant has an existing enhanced introducer agreement with Precepts Legacy?	<input type="checkbox"/>	<input type="checkbox"/>
9	<b>[Applicable for applicant who is certified in Health Insurance before 1 Nov 2015]</b> Has the applicant passed Medishield Life Test? If Yes, please provide: Passed Date: _____ Name of Insurer: _____ (The applicant is required to provide a proof of date passed with the insurer. If there is no proof, the applicant is required to declare it on the application form under "additional declaration".) If No, please provide reason(s) : _____	<input type="checkbox"/>	<input type="checkbox"/>
10	Does the applicant has any business interest?	<input type="checkbox"/>	<input type="checkbox"/>
11	Does the applicant has any outstanding Medisave/other liabilities?	<input type="checkbox"/>	<input type="checkbox"/>
12	Does the applicant has any criminal records?	<input type="checkbox"/>	<input type="checkbox"/>
13	Are there any Letter(s) of Warning issued by previous employers?	<input type="checkbox"/>	<input type="checkbox"/>
14	Is there any other declaration?	<input type="checkbox"/>	<input type="checkbox"/>
BDM Assessment Checklist			
15	Does recruiting the candidate exceed Team Leader's SOC?	<input type="checkbox"/>	<input type="checkbox"/>
	LIA Guideline: 1: 10: 15 unless SOC deviation is given		
	If Yes, highlight what is allowed to be deviated and period of deviation in assessment		

### BDM Assessment

I have checked and confirmed with candidate that the information declared in the application form is true and accurate.

I have informed and briefed the candidate on the Company Standards, LIA Guidelines (CPD and PDPA fulfilment) and MAS Regulations (Fit and Proper, Honesty, Integrity, Competency and Capability and Financial Soundness)

The candidate is reminded not to call MAS unnecessarily. For any clarifications, please get back to us first.

Please be reminded to update your Vaccination Status as per your **records on TraceTogether App** through the Vaccination Status Declaration Form.

False respond will result in breach of Fit and Proper. Disciplinary Actions will be taken against you.

Should your respond be "No", It is your duty to update your latest status of your vaccination via this form **after you are fully vaccinated as per TraceTogether App**.

*Note: All Complimentary will be recovered should you quit within 12 months from RNF Date.*

### Acknowledgement

Name of BDM  
(Signature / Date)

Name of CDO/Team Lead  
(Signature / Date)