Application Form for Appointment of Director, Chairman, Member of Nominating Committee and Key Executive Person

**Explanatory Notes**

1. Please read the questions and guiding notes (appended as footnotes) carefully as you fill up the application form.
2. All fields marked with an asterisk (\*) are mandatory fields. If a field is not applicable, please check the “Not Applicable” box.
3. Please refer to the table below for the sections applicable to each licensed insurer type:

|  |  |
| --- | --- |
| **Licensed insurer type** | **Applicable sections** |
| Insurers incorporated in Singapore | Section 1: Details of Appointment and Personal Particulars Section 2: ResumeSection 3: Actuarial Reporting Structure and Other Requirements Section 4: Board of Directors’ / Nominating Committee’s Assessment Section 6: Other InformationSection 7: Declaration |
| Insurers incorporated outside Singapore which has an established place of business in Singapore | Section 1: Details of Appointment and Personal Particulars Section 2: ResumeSection 3: Actuarial Reporting Structure and Other Requirements Section 5: FI’s Assessment Section 6: Other InformationSection 7: Declaration |
| Foreign insurers carrying on insurance business in Singapore under a foreign insurer scheme  |

# 1 APPOINTMENT DETAILS

## 1.1 DETAILS OF APPOINTMENT

|  |  |
| --- | --- |
| Name of Financial Institution |  |
| UEN Code |  |

 Seeking approval for appointment as: \*

□ Chief Executive

□ Deputy Chief Executive

□ Chairman of Board of Directors

□ Director

□ Member of Nominating Committee

□ Chief Financial Officer

□ Chief Risk Officer

□ Appointed Actuary

□ Certifying Actuary

Proposed Date of Appointment (optional)

|  |  |  |
| --- | --- | --- |
| Date  | Month | Year |
|  |  |  |

Appointee’s Title / Designation for Proposed Appointment[[1]](#footnote-2)

|  |
| --- |
|  |

Reason for Application[[2]](#footnote-3) \*

|  |
| --- |
|  |

## 1.2 PERSONAL PARTICULARS

Set out below the personal particulars of the proposed appointee.

**Full name as in Identification Document** *(e.g. NRIC, passport)* [[3]](#footnote-4) \*

|  |  |  |
| --- | --- | --- |
| Salutation *[Mr, Ms, Miss, Mrs, Mdm, Dr]* | First Name and Middle Name (if any)  | Last Name / Family Name / Surname*(In Upper Case)*  |
|  |  |  |

**Applicant’s Alias and Other Names** *(if applicable)* 4

|  |  |  |
| --- | --- | --- |
| Salutation *[Mr, Ms, Miss, Mrs, Mdm, Dr]* | First Name and Middle Name (if any) | Last Name / Family Name / Surname*(In Upper Case)*  |
|  |  |  |

|  |  |
| --- | --- |
| Place of Residence \* |  |
| Telephone No.  |  | Country Code | Number |
| Home:  | ( ) |  |
| Office:  | ( ) |  |
| Mobile:  | ( ) |  |
| Email Address (if available) |  |
| Date of Birth \* | Date | Month | Year |
|  |  |  |
| Place of Birth \* |  |
| Gender \* |  |
| Nationality \* | □ Singapore Citizen  |
| □ Singapore Permanent Resident |
| □ Others  |
| NRIC No. *(mandatory for Singapore Citizen and Singapore Permanent Resident \*)* |  |
| Nationality *(mandatory for non-Singapore Citizen* \**)* |  |
| Valid Passport No. *(mandatory for non-Singapore Citizen* \**)* |  |
| Foreign Identification No. (FIN)(if available)  |  |

# 2 RESUME

## 2.1 **ACADEMIC AND PROFESSIONAL QUALIFICATIONS**

**ACADEMIC QUALIFICATIONS**

Set out details of academic qualifications attained by the proposed appointee. Please **include only those equivalent to tertiary education and above and** **list the records in reverse chronological order, starting from the most recent record.**

□ Not Applicable

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Name of institution\*** | **Location of institution\*** | **Qualification awarded\*** |
| **From\*** | **To\*** |
| **Year** | **Year** |  |  |  |
|  |  |

**PROFESSIONAL QUALIFICATIONS**

Set out details of professional qualifications attained by the proposed appointee. Please **list the records in reverse chronological order, starting from the most recent record.**

□ Not Applicable

|  |  |  |
| --- | --- | --- |
| **Year conferred\*** | **Professional qualifications****(including any membership with professional bodies) \*** | **Name of institution\*** |
|  |  |  |

## 2.2 EMPLOYMENT HISTORY AND ACHIEVEMENTS

**EMPLOYMENT HISTORY**

Set out details of the proposed appointee’s employment history. Please **list the records in reverse chronological order, starting from the most recent record.**[[4]](#footnote-5)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Period****(MM/YYYY)** | **Name of Employer (if self-employed, state so) \*** | **Location of Employer \***  | **Designation\*** | **Department\*** | **Description of Duties\*** | **Name of Financial Institutions’ Regulator\***  |
| **From\*** | **To** |
| **Month** | **Year** | **Month** | **Year** |  |  |  |  |  |  |
|  |  |  |  |

**ACHIEVEMENT**

Set out **details of any achievements and special positions held** presently or previously (please state date of achievement and period of special positions held). Please **list the records in reverse chronological order, starting from the most recent record.**[[5]](#footnote-6)

□ Not Applicable

|  |  |
| --- | --- |
| **Period**  | **Description of Achievement or Special Positions Held \*** |
| **From** | **To** |  |
| **Year\*** | **Year** |  |
|  |  |  |

## 2.3 DIRECTORSHIP(S) / POSITION(S) AND SHAREHOLDINGS HELD[[6]](#footnote-7)

**DIRECTORSHIP(S) / POSITION(S)**

Set out details of any **directorship, partnership, or sole-proprietorship currently held by the proposed appointee** in any entity in Singapore or elsewhere. Please **list the records in reverse chronological order, starting from the most recent record.**

□ No directorship, partnership or sole-proprietorship held by proposed appointee

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Appointment\*** | **Name of Entity\***  | **Place of Incorporation\*** | **Nature of Business\*** | **Position Held \*** | **Does the entity have any direct business or contractual relationship with the FI? \*****[Yes/No]** |
| **Date** | **Month** | **Year** |  |  |  |  |  |
|  |  |  |

**SHAREHOLDINGS HELD**

Set out details of any shareholdings where the proposed appointee holds **5% or more of the total number of voting shares** in any entity in Singapore or elsewhere. Please **list the records in reverse chronological order, starting from the most recent record**.

□ No shareholdings held by proposed appointee

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year of Acquisition\*** | **Name of Entity\***  | **Place of Incorporation\*** | **Nature of Business\*** | **Percentage Shareholding in Corporation\*** | **Does the entity have any direct business or contractual relationship with the FI? \* [Yes/No]** |
|  |  |  |  |  |  |

# 3 ACTUARIAL REPORTING STRUCTURE AND OTHER REQUIREMENTS

|  |
| --- |
| Remarks* Please complete section 3 if you are applying for the proposed appointment of Appointed Actuary or Certifying Actuary.
* Otherwise, please select “Not Applicable”.
 |

□ Not Applicable

(a) Please provide the **reporting structure of the proposed appointee within the insurer**, including any reporting line(s) that the proposed appointee would have in relation to individual(s) at the head office, parent company, or any related corporation, as the case may be. \*

1. Please indicate if the proposed appointee has **attended the Practicing Certificate seminar conducted by the Singapore Actuarial Society,** and if yes, the date of the seminar attended.

|  |  |
| --- | --- |
| Attendance \* [Yes/No] |  |
| Date of Attendance \* [this field is applicable if “Attendance” is “Yes”.]  | Date | Month | Year |
|  |  |  |

(c) Where the proposed appointee for appointed actuary or certifying actuary is an employee of an external consultancy firm or is directly employed by the insurer’s head office, parent company or any related corporation, as the case may be, please fill in the section below, the **appointments equivalent to that of an appointed actuary or certifying actuary which the proposed appointee is currently holding,** at other insurers, whether in Singapore or overseas.[[7]](#footnote-8) \*

□ No other equivalent appointed actuary or certifying actuary’s appointment held by proposed appointee

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Appointment (DD/MM/YYYY) \*** | **Name of Insurer\***  | **Country /Jurisdiction where the Insurer is Registered/ Licensed\*** | **Type of Insurer\***  | **Market Share of Insurer (for overseas insurers only)** | **Type of Appointment (e.g. appointed actuary or certifying actuary)\*** | **Level of Actuarial Support\*** |
| Date | Month | Year |  |  |  |  |  |  |
|  |  |  |

# 4 BOARD OF DIRECTORS’ / NOMINATING COMMITTEE’S ASSESSMENT

## 4.1 **BOARD OF DIRECTORS’ / NOMINATING COMMITTEE’S ASSESSMENT**

(a) Conflict of Interest and Time Commitment Assessment

|  |  |  |
| --- | --- | --- |
|  | **Board of Directors’ / Nominating Committee’s assessment \*****[Yes/No]** | **Please provide rationale for Board of Directors’ / Nominating Committee’s assessment.\* (only when there would be a conflict of interest or concern over time commitment)** |
| 1. Would the proposed appointment give rise to a **conflict of interest or any other concerns that would hamper** the proposed appointee’s ability to discharge his/her duties in respect of your financial institution?
 |  |  |
| 1. If the proposed appointee holds, or is going to hold, any directorship, partnership, or sole-proprietorship, or roles in any other organisation, is there any **concern over the proposed appointee’s ability to devote sufficient time and attention** to his/her proposed appointment?
 |  |  |
| If the answer to either (i) or (ii) above is “Yes”, please state the measures that your financial institution proposes to put in place, or has put in place, to address the concerns mentioned in (i) or (ii).  |  |  |

(b) Fit and Proper Certification

Please select one of the following two\*:

□ From the Board of Directors’ / Nominating Committee’s assessment, the Board of Directors / Nominating Committee is not aware of any adverse information relating to the individual and is satisfied that the individual is, in accordance with the *Guidelines on Fit and Proper Criteria*, a fit and proper person for the intended office.

Please provide justification on the Board of Directors’ / Nominating Committee’s assessment above. \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ From the Board of Directors’ / Nominating Committee’s assessment, the Board of Directors/ Nominating Committee is aware of adverse information relating to the individual which it has assessed and is satisfied that notwithstanding the adverse information, the individual is, in accordance with the *Guidelines on Fit and Proper Criteria*, a fit and proper person for the intended office.

Please provide justification on the Board of Directors’/ Nominating Committee’s assessment above. \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Board of Directors / Nominating Committee is aware of adverse information relating to the individual, please select one of the following two\*:

□ The Board of Directors / Nominating Committee undertakes to closely supervise and institute proper controls and systems to monitor the individual’s activities. Please provide details of the controls and systems that your financial institution has or intends to put in place.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ The Board of Directors / Nominating Committee has assessed that it is not necessary to undertake additional controls and systems to monitor the individual’s activities. Please provide justifications on the Board of Directors’ / Nominating Committee’s assessment above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) Independence Assessment [[8]](#footnote-9)

|  |
| --- |
| Remarks* Please complete section 4.1(c) if you are applying for the proposed appointments of Chairman of Board of Directors, Director or Member of Nominating Committee.
* Otherwise, please select “Not Applicable”.
 |

□ Not Applicable

|  |  |  |
| --- | --- | --- |
| **Independence Assessment** | **Board of Directors’ / Nominating Committee’s assessment of independence \* [Yes/No]** | **Please provide rationale for the Board of Directors’ / Nominating Committee’s assessment\*** |
| Independent from Management?  |  |  |
| Independent from Business Relationships? |  |  |
| Independent from Substantial Shareholders?  |  |  |
| Has not served on the Board for a continuous period of 9 years or longer? |  |  |
| Fulfilled all independence requirements?  |  |

(d) Evidence of Board of Directors’ / Nominating Committee’s Assessment\*

|  |  |
| --- | --- |
| Please provide a copy of the Board of Directors’ / Nominating Committee’s meeting minutes / resolution setting out its assessment of the proposed appointment.  |  |

## 4.2 **BOARD / BOARD COMMITTEE COMPOSITION REQUIREMENT**

|  |
| --- |
| Remarks* Please complete section 4.2 if you are applying for the proposed appointments of Chairman of Board of Directors, Directors or Members of Nominating Committee.
* Otherwise, please select “Not Applicable”.
 |

□ Not Applicable

□ Your financial institution confirms that the proposed appointment of the individual named in this application to act as the <*Proposed appointment*> of your financial institution would be in compliance with the relevant Board / Board Committee composition requirements under the *Insurance (Corporate Governance) Regulations 2013*.

# 5 FI’s ASSESSMENT

(a) Conflict of Interest and Time Commitment Assessment

|  |  |  |
| --- | --- | --- |
|  | **FI’s Assessment \*****[Yes/No]** | **Please provide the rationale for FI’s assessment \* (only when there is a conflict of interest or concern over time commitment)** |
| (i) Would the proposed appointment give rise to a **conflict of interest or any other concerns that would hamper** the proposed appointee’s ability to discharge his/her duties in respect of your financial institution?  |  |  |
| (ii) If the proposed appointee holds, or is going to hold, any directorship, partnership, or sole-proprietorship, or roles in any other organisation, is there any **concern over the proposed appointee’s ability to devote sufficient time and attention** to his/her proposed appointment?  |  |  |
| If the answer to either (i) or (ii) above is “Yes”, please state the measures that your financial institution proposes to put in place, or has put in place, to address the concerns mentioned in (i) or (ii)  |  |  |

(b) Fit and Proper Certification

Please select one of the following two\*:

□ From your financial institution’s assessment, your financial institution is not aware of any adverse information relating to the individual and is satisfied that the individual is, in accordance with the *Guidelines on Fit and Proper Criteria*, a fit and proper person for the intended office.

Please provide justification on your financial institution’s assessment above. \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ From your financial institution’s assessment, your financial institution is aware of adverse information relating to the individual which it has assessed and is satisfied that notwithstanding the adverse information, the individual is, in accordance with the *Guidelines on Fit and Proper Criteria*, a fit and proper person for the intended office.

Please provide justification on your financial institution’s assessment above. \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the FI is aware of adverse information relating to the individual, please select one of the following two\*:

□ Your financial institution undertakes to closely supervise and institute proper controls and systems to monitor the individual’s activities. Please provide details of the controls and systems that your financial institution has or intends to put in place.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Your financial institution has assessed that it is not necessary to undertake additional controls and systems to monitor the individual’s activities. Please provide justifications on your financial institution’s assessment above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 6 OTHER INFORMATION

1. **Any Other Information**

□ Nil

|  |  |
| --- | --- |
| Please include any other information that is relevant to the proposed appointee’s application.  |  |

# 7 DECLARATION

□ <*FI name*> declares that it has taken all reasonable steps to ensure that the information given in this application and its attachments (if any) is true and correct.

□ <*Name of submitter*> certifies that he/she is authorised by <*FI name*> to submit this application and the accompanying attachments (if any) on behalf of <*FI name*>.

# Appendix A-II

**Guidance on Name Format (for Full Name and Alias Name fields)**

Please ensure that the full name submitted is in accordance with the details within the proposed applicant’s identification documents.

Please leave the “Last Name / Family Name / Surname” field empty if it is not applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity** | **Illustration** | **First Name and Middle Name field**  | **Last Name / Family Name / Surname field** |
| Chinese | John Tan Min Ho | John Min Ho | Tan |
|  | Lee Hooi Mei, Sandra | Hooi Mei Sandra | Lee |
| Malay | Ahmad Mohd Hussin | Ahmad | Mohd Hussin |
|  | Ahmad Bin Mohd Hussin | Ahmad | Bin Mohd Hussin |
|  | Nora Huda Abdul Latif | Nora Huda | Abdul Latif |
|  | Nora Huda Binte Abdul Latif | Nora Huda | Binte Abdul Latif  |
|  | Nora Huda Bte Abdul Latif | Nora Huda | Bte Abdul Latif |
| Indian | Govinder Ramasamy | Govinder | Ramasary |
|  | Govinder S/O Ramasamy | Govinder | S/O Ramasary |
|  | Sharmala D/O Ramasamy | Sharmala | D/O Ramasary |
| Caucasians | Joseph Reid | Joseph | Reid |
| Joseph Matthew Reid | Joseph Matthew | Reid |

1. **Appointee’s Title / Designation for Proposed Appointment** - For Chief Executives and Deputy Chief Executives, the title / designation will be published in the Financial Institutions Directory on the MAS website. The default title / designation will be Chief Executive and Deputy Chief Executive respectively. If an alternative title / designation is preferred, please provide under this field. [↑](#footnote-ref-2)
2. **Reason for Application** - If the proposed appointee is replacing an existing appointee, to also include the name, role and last day of service (where available) of the existing appointee. [↑](#footnote-ref-3)
3. **Guidance on Name Format (for Full Name and Alias Name fields)** – please refer to Appendix A-II. [↑](#footnote-ref-4)
4. **Employment History -** Where the proposed appointee is currently still employed with a company, please provide the details of the company, leaving the “To” field empty. [↑](#footnote-ref-5)
5. **Achievement -** For date of achievement, you could input the same date under the “From” and “To” fields. [↑](#footnote-ref-6)
6. **Directorship(s)/Position(s) and Shareholdings Held**

	* Position held relates to any position held by the proposed appointee as part of his directorship, partnership or sole-proprietorship held, e.g. Chair of Audit Committee, Member of Nominating Committee.
	* Date of acquisition relates to the date on which the proposed appointee acquired the shareholdings in any entity.
	* Entity includes government bodies and statutory authorities. [↑](#footnote-ref-7)
7. **Appointments equivalent to that of an appointed actuary or certifying actuary -** In relation to the level of actuarial support, to include information such as whether the actuarial support comes from the insurer’s own actuarial team, the consultancy firm, or the insurer’s head office, parent company or any other related corporation, as the case may be. [↑](#footnote-ref-8)
8. **Independence Assessment -** The definition of the independence from management, business relationships, and substantial shareholders are set out in the *Insurance (Corporate Governance) Regulations 2013 (“CG Reg”), read with the Guidelines on Corporate Governance for Financial Holding Companies, Banks, Direct Insurers, Reinsurers and Captive Insurers which are incorporated in Singapore*. [↑](#footnote-ref-9)