



Branch

**EZSUB**

PS  SG  PFP

Introducer

Submission Date  /  /   
YY MM DD

Adviser Name

**CLIENT AND SPOUSE / OTHERS INFORMATION (AS PER FINANCIAL PLANNER)**

<b>Client</b>	
Name as in NRIC/FIN/Business Registration Name <input type="text"/>	NRIC/FIN/Business Registration Number <input type="text"/>
<input type="checkbox"/> DNC Consent Obtained	CKA: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
<b>Spouse / Others</b>	
Name as in NRIC/FIN <input type="text"/>	NRIC/FIN <input type="text"/>
<input type="checkbox"/> DNC Consent Obtained	CKA: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Client Type <input type="checkbox"/> Retail <input type="checkbox"/> Accredited Investors <input type="checkbox"/> Corporate	
Product Type <input type="checkbox"/> CIS <input type="checkbox"/> Life Insurance <input type="checkbox"/> General Insurance	

<input type="checkbox"/> Financial Planner	<input type="checkbox"/> Accredited Investor Form	<input type="checkbox"/> Client Servicing Form
<input type="checkbox"/> Abridged Financial Planner	<input type="checkbox"/> Switching Form	<input type="checkbox"/> Life Wrapper Review
<input type="checkbox"/> Corporate Financial Planner	<input type="checkbox"/> Client Transfer Form	<input type="checkbox"/> Enhanced Customer Due Diligence Form
<input type="checkbox"/> eFP - Case No.	<input type="checkbox"/> Client Referral Service Consent Form	<input type="checkbox"/> Personal Data Update Form

<input type="checkbox"/> Copy of NRIC/Passport/Birth Certificate	<input type="checkbox"/> Copy of Health Booklet (Child)/Health Lab Report/Medical Report/Doctor's Memo
<input type="checkbox"/> Copy of ACRA/Business Registration Certificate	<input type="checkbox"/> Copy of Proof of Address (Utility/Telco Bill/Bank Statement/Tenancy Agreement)
<input type="checkbox"/> Copy of Certificate of Incorporation	<input type="checkbox"/> Copy of Cashier Order
<input type="checkbox"/> Copy of Certificate of Incumbency	<input type="checkbox"/> Online Trade Approval
<input type="checkbox"/> Copy of Power of Attorney/Trustee	<input type="checkbox"/> Other Documents _____

GENERAL INSURANCE		LIFE INSURANCE		INVESTMENT/OCBC	
Indicate no. of app sets	Tick if cheque is attached	Indicate no. of app sets	Tick if cheque is attached	Indicate no. of app sets	Tick if cheque is attached
<input type="text"/> <b>AIG</b>	<input type="checkbox"/>	<input type="text"/> <b>CHINA TAIPING</b>	<input type="checkbox"/>	<input type="text"/> <b>IFAST</b>	<input type="checkbox"/>
<input type="text"/> <b>ALLIED WORLD</b>	<input type="checkbox"/>	<input type="text"/> <b>MANULIFE</b>	<input type="checkbox"/>	<input type="text"/> <b>NAVIGATOR</b>	<input type="checkbox"/>
<input type="text"/> <b>AXA</b>	<input type="checkbox"/>	<input type="text"/> <b>INCOME</b>	<input type="checkbox"/>	<input type="text"/> <b>OCBC</b>	<input type="checkbox"/>
<input type="text"/> <b>LONPAC</b>	<input type="checkbox"/>	<input type="text"/> <b>RHI</b>	<input type="checkbox"/>	<input type="text"/> <b>Others:</b>	<input type="checkbox"/>
<input type="text"/> <b>QBE</b>	<input type="checkbox"/>	<input type="text"/> <b>SINGLIFE - Case No. _____</b>	<input type="checkbox"/>	Remarks /Cheque Details: (Bank/No. Amt)	
<input type="text"/> <b>Others:</b>	<input type="checkbox"/>	<input type="text"/> <b>TOKIO MARINE</b>	<input type="checkbox"/>	1) _____	
Remarks / eFP Ref / Other e-Ref / Cheque Details: (Bank/No. Amt)		Remarks / eFP Ref / Other e-Ref / Cheque Details: (Bank/No. Amt)		2) _____	
1) _____		1) _____		<u>Type of Submission</u>	
2) _____		2) _____		<input type="checkbox"/> Scan Only	<input type="checkbox"/> Scan & Lodge
				<input type="checkbox"/> To Provider	<input type="checkbox"/> To PIAS

**OFFICE USE**

Checker \_\_\_\_\_

Scanner \_\_\_\_\_

Cold-Canvassing: YES / NO

**Received Date**

/  /   
YY MM DD

**Original**

**Duplicate**