

FORM 12 (PART B) TERMINATION OF AGENTS, RESPONSIBLE OFFICER, TECHNICAL REPRESENTATIVE AND SALESPERSONS (To be submitted by the Company or Intermediary)

THE INSURANCE (GENERAL) REGULATIONS, 2010

- **1.** Name of Sponsoring Company:
- 2. Name of Salesperson:
- **3.** Certificate of Registration No:
- **4.** Salesperson was employed with the company from: to:
- **5.** Sponsorship was terminated:

Voluntarily (resignation or retirement)

Involuntarily (terminated by employer)

If involuntarily, state reason(s) for this course of action.

6. The salesperson was dishonest in the:

Handling of policyholder premiums

Sale of company products

None of the above



- 7. Have all policyholder premiums collected by the salesperson on behalf of the company been handed over to the employer? If not, indicate action being taken to collect outstanding amount.
- 8. Would you re-employ this salesperson? If no, give reason(s) for your answer.

No

Yes



DECLARATION:

All pertinent and material facts have been given. The above is a true and correct statement of the facts pertaining to the termination of employment of (Name of Salesperson).

Signature of Responsible Officer of Insurance Company/Intermediary

Date

Affix Official Company Stamp

Note: Each Form 12B must be submitted to the Commission along with the salesperson registration card.