



PRUDENTIAL BSN
TAKAFUL

Attention : Agency Administration
Level 10, Menara Prudential

Date : _____

APPOINTMENT OF NEW SERVICING AGENT

Section I is to be completed by policyholder / certificateowner:

Policy / Certificate No. : _____
Name of Assured / Participant : _____
Contact No : _____
Signature of Assured / Participant : _____

Section II is to be completed by new servicing Agent :

Agent's Code : _____
Agent's Name : _____
Signature of Agent : _____

Section III is to be completed by existing agent & QL(Please tick whichever applicable) :

- ☐ I am agreeable to the transfer of servicing only.
- ☐ I am agreeable to the transfer of commission only.
- ☐ I am agreeable to the transfer of servicing and commission.

Agent's Code : _____
Agent's Name : _____
Signature of Agent : _____
Signature of QL : _____

FOR OFFICE USE ONLY

Dear Mr / Ms _____

Please complete section _____ and return to us before _____ for further action.

Remarks :

Checked by :
